

Non-Medical Prescribing Policy

Version	Version 5
Ratified By	Wirral Quality and Performance (Q&P)
Date Ratified	25/05/2021
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Issue Date	May 2021
Review Date	May 2023
Intended Audience	GP Practices and other local providers linked to the Clinical Commissioning Group prescribing budget.

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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 NHS Wirral Clinical Commissioning Group (WCCG), 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 WCCG 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 WCCG.

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.
- There is clarification on accountability and responsibility.
- There is a framework and guidance under which potential applicants can determine eligibility to undertake an approved Prescribing Programme.
- All non-medical prescribers are appropriately qualified for their role.
- All non-medical prescribers work within national guidelines and local formularies (including the National Institute for Health and Care Excellence (NICE) and the Pan Mersey Area Prescribing Committee.
- All non-medical prescribers are supported in their role and access continuing professional development.

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.

- 2.3 The non-medical prescribing policy should be read in conjunction with the documents detailed below:

- [Professional Guidance on the Administration of Medicines in Healthcare Settings \(Royal Pharmaceutical Society, 2019\)](#)



- [Medicines Matters. A guide to mechanisms for the prescribing, supply and administration of medicines \(in England\) \(Specialist Pharmacy Services, 2018\)](#)
- <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>

3 EQUALITY AND DIVERSITY

- 3.1 Wirral Clinical Commissioning Group is committed to promoting equality, diversity, and human rights in all areas of its activities. The clinical commissioning group undertakes equality impact assessments to ensure that its activities do not discriminate on the grounds of religion or belief, age, disability, race or ethnicity, sex or gender, sexual orientation, and socio-economic status.

4 DEFINITIONS

- 4.1 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.

This policy acknowledges that there may be community practitioner nurse prescribers within the clinical commissioning group who can only prescribe from the Nurse Prescribers Formulary (NPF).

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.

Advanced Paramedics can 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, therapeutic and diagnostic 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.

- 4.2 **A Designated Prescribing Practitioner (DPP)** is the term used to describe the designated practitioner responsible for the non-medical prescribing trainee's period of learning in practice. Regulatory changes in 2019 mean that experienced non-medical prescribers, of any professional background, can become responsible for a trainee prescriber's period of learning in practice, similarly to a Designated Medical Practitioner (DMP), who is a registered medical practitioner.

The aim of the DPP role is to oversee, support and assess the competence of the non-medical prescribing trainees, in collaboration with academic and workplace partners, during the period of learning in practice.

The period of practice learning is critical to the development of safe and effective prescribers. The designated practitioner role is central to the period of learning, and as such, assuring the quality of this role is essential. In 2005, the National Prescribing Centre (NPC) published '*A guide to help doctors prepare for and carry out the role of designated medical practitioner*', which outlined the eligibility criteria and a set of broad competency areas for the DMP role.

In December 2019, the Royal Pharmaceutical Society (RPS) led the development of [a competency framework for Designated Prescribing Practitioners](#)

- 4.3 A **Mentor** is a registered prescribing 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 prescribing practitioner when they were a non-medical prescribing trainee. 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.
- 4.4 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.
- 4.5 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.



5. ROLES AND RESPONSIBILITIES

5.1 This section contains an overview of the responsibilities, duties, and accountability of the employer, line manager, non-medical prescriber, mentor and clinical commissioning group.

5.2 The employer/line manager will be responsible for ensuring that:

- the appropriate healthcare professionals meet the criteria to attend the non-medical prescribing course.
- The non-medical prescriber has a mentor.
- They obtain and provide prescription pads (if appropriate) for the non-medical prescriber.
- The organisation (GP practice, Health Centre etc.) has appropriate procedures and systems in place to ensure, as far as practicable, that all prescription stationery is properly protected, secured and managed, in line with NHS Counter Fraud Authority (NHSCFA) policy on Management and Control of Prescription forms.
- The non-medical prescriber has access to a prescribing budget.
- They comply with clinical commissioning groups governance processes for non-medical prescribing.
- The non-medical prescriber has an up-to-date enhanced DBS certificate, which meets the organisation's (GP practice, Health Centre etc.) requirements.
- The non-medical prescriber has appropriate supervision, which occurs at least quarterly, to support them to prescribe independently.
- The non-medical prescriber's job description has been altered to clearly identify their scope to practice as a non-medical prescriber.
- The non-medical prescriber is authorised and set up on the electronic prescribing system (EMIS) when they start with the organisation (GP practice, Health Centre etc.) and removed off the system when they leave the organisation.
- Appropriate pre-employment checks are undertaken (*if a non-medical prescriber is through an agency, it is the responsibility of the GP practice to ensure the agency has carried out the pre-employment checks*).
- The non-medical prescriber is registered with their relevant professional body and has a licence to practice and prescribe. The organisation (GP practice, Health Centre etc.) is aware if the non-medical prescriber has any restrictions on their practice and that they will be able to work within these restrictions.
- The non-medical prescriber is released to attend a minimum of **two** clinical commissioning group provided non-medical prescriber educational meetings annually.

5.3 The non-medical prescriber is responsible for:

- Ensuring they comply with the clinical commissioning groups governance processes for non-medical prescribing.
- Adhering to the clinical commissioning groups non-medical prescribing policy, local/national guidelines, and their professional code of conduct.
- Remaining up to date on therapeutics in their field of prescribing practice, and to changes to national and local prescribing guidelines.
- Taking full responsibility and accountability for clinical assessments undertaken management of patients and their prescribing decisions.



- Only prescribing medicines (including controlled drugs), within their competence and agreed formulary / framework of a patient specific clinical management plan.
- Monitoring and reviewing patient progress and response to treatment and act accordingly.
- Ensuring their professional registration is current and active, with their non-medical prescribing role registered with their professional body.
- Ensuring their role as a prescriber is clearly stated in their job description.
- Ensuring that they provide evidence-based, safe and cost-effective prescribing to their patients at all times, which is patient centred and responds to the patient's needs.
- Keeping accurate, legible, unambiguous, and contemporaneous records of a patient's care, which identifies them as the non-medical prescriber, including details of all prescriptions issued.
- 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 treatment/prescribing from a non-medical prescriber).
- Liaising with other healthcare providers, as appropriate, in accordance with service policies; ensuring patients are referred to other healthcare professionals when necessary.
- Ensuring that prescriptions are written legibly, legally and in accordance with the BNF 'prescription writing' requirements.
- Ensuring they comply with the organisation's (GP practice, Health Centre etc.) procedures, systems, processes, and security on prescription stationary.
- 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 they engage in appropriate continuing professional development, supervision and submit evidence of their ongoing competence to prescribe when requested.
- Reporting all patient safety incidents in accordance with their organisation's (GP practice, Health Centre etc.) process.
- Ensuring that they have access to (and use) the current version of the BNF/BNF for children/NPF, as appropriate.
- Cooperate with any investigations into their prescribing practice.
- Maintain a personal formulary that is up to date, if acting as an independent non-medical prescriber.
- Never write a prescription for themselves, friends, or family members -see 7.11.
- Only prescribe for patients directly under their care in their normal working practice.
- Not routinely sign repeat prescriptions, unless the repeat prescriptions are for patients who are under their care and are for drugs which are listed in their personal formulary. This equally applies to prescribing across the secondary and primary care interface. The legal responsibility for prescribing in this scenario lies with the clinician who signs the prescription. [Non-medical prescribers must be aware by signing repeat

prescriptions they do so in the knowledge that they are responsible as the signatory of the prescription and are accountable for their practice].

- Not administer a medication that they have prescribed. Prescribing and administration should remain separate activities. If this is not possible a second practitioner, who is authorised to administer the medication should provide a second check.
- Maintaining an up-to-date portfolio, clearly documenting the hours of continuing professional development completed and any associated certificates.
- Reviewing their individual prescribing data quarterly. [It is good practice to complete the form in Appendix 8 with the mentor, when reviewing prescribing data. There is no need to submit this form, but it is recommended that this form is kept in the non-medical prescriber's portfolio].
- 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 mentor, and to keep these in the non-medical prescribers' own portfolio. **There is no need to submit these forms (appendices 3-5).** The forms should be updated as necessary in relation to new competencies acquired by the non-medical prescriber, and it is recommended that these forms are reviewed and signed by the mentor at least annually.

5.4 The mentor will:

- Take responsibility for the oversight of the non-medical prescriber's prescribing competencies. Ensure the non-medical prescriber only works within their agreed scope of practice.
- Provide ongoing support and mentorship to ensure safe prescribing practice and undertake annual appraisal of prescribing activity to ensure adherence to local and national guidance.
- Actively monitor prescribing competencies and the non-medical prescriber's continued professional development (CPD) portfolio at agreed intervals (minimum once a year). Discuss and agree areas of practice and competence with the non-medical prescriber.
- Support the process of demonstration to the CCCG of continued competence for the non-medical prescriber to prescribe by signing the annual declaration form.
- Address any prescribing issues in accordance with the practice's process for dealing with concerns and informing the clinical commissioning group's non-medical prescribing lead as required.

5.5 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 [Details of all non-medical prescribers must be retained on the register for six years after the prescriber ceases working for the practice].
- Providing **four** non-medical prescribing training meetings a year.

- Processing Health Education England (HEE) / Service Level Agreement (SLA) applications for the non-medical prescribing course, including nomination for numeracy assessment.
- Providing non-medical prescribers with access to their quarterly prescribing data 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 have not been dealt with at practice level to the appropriate personnel/committee.

6. THE PROCESS OF APPLYING TO THE NMP COURSE

Each PCN will consider the number of new non-medical prescribers required each year and seek agreement for these places.

- 6.1 Practitioners wishing to access one of the places to become 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 full course requirements.
 - Identify an appropriate designated prescribing practitioner (DPP) 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 discuss with the PCN Lead Nurse. 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.
- 6.2 The employer should ensure they:
- Only nominate candidates who meet the criteria for the course and will prescribe as part of their role.
 - Only nominate candidates where development is in line with the PCN workforce development plans.
 - Provide support to the practitioner and release them for the pre-requisite number of days as well as time with their designated prescribing 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.
- 6.3 Refer to appendix 6 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>).

7. LEGAL AND CLINICAL LIABILITY

- 7.1 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.
- 7.2 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 the actions of the non-medical prescriber.
- 7.3 The non-medical prescriber's job description must include a clear statement that prescribing is required as part of their duties to their post. [This is the responsibility of both the employer and the non-medical prescriber].
- 7.4 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.
- 7.5 Each non-medical prescriber must be aware of, and is expected to work within, their [professional body standards for prescribing](#) as well as the policies and guidelines ratified by their employer.
- 7.6 All non-medical prescribers should ensure they have adequate professional indemnity insurance that covers them for the scope of their prescribing practice.
- 7.7 **All qualified non-medical prescribers** need to complete pages 1-3 of the **Approval to Practice form** (see Appendix 2).

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'.

- 7.8 **For locum/agency/contractor non-medical prescribers** it is the responsibility of the provider organisation (which engages with the locum/agency/contractor non-medical prescribers) to have the necessary clinical governance processes in place to ensure safe prescribing practice is carried out by any locum/agency/contractor non-medical prescribers.



It is the responsibility of the provider organisation (which engages with the locum/agency/contractor non-medical prescribers) to hold their own internal register of their locum/agency/contractor non-medical prescribers.

Details of any locum/agency/contractor non-medical prescriber must be kept on the register for six years after the prescriber ceases working for the practice/organisation.

The provider organisation must comply with the clinical commissioning governance processes detailed within this policy.

All practices should contact the medicines management team to register all locum non-medical prescribers. The Approval to Practice form (Appendix 2) should be completed, for each practice the locum non-medical prescriber works in, to enable them to be registered with NHSBSA for their duration of service with the GP practice and allow for monitoring of their prescribing data.

Each practice should ensure a Designated Prescribing Practitioner has oversight of any prescribing completed by an agency non-medical prescriber. It is the responsibility of the non-medical prescriber to ensure they work within their scope of practice and current clinical commissioning group and Pan Mersey Area Prescribing Committee guidelines and policies. The practice is to ensure all documentation has been received and reviewed. Overall responsibility lies with the provider organisation and non-medical prescriber. The clinical commissioning group may request evidence in the event of an incident.

- 7.9 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.
- 7.10 Transcribing is the term used when writing medication from one 'direction to supply or administer' to another form of 'direction to supply or administer'. Non-medical prescribers cannot sign off transcribed medication unless they are confident that they have assessed the patient, understand the condition being treated and the prescriptions are within their own areas of competency/approval.
- 7.11 Non-medical prescribers must not prescribe for themselves. Neither should they prescribe for anyone with whom they have a close personal or emotional relationship (including friends and family), other than in exceptional circumstances (for further details refer to the relevant professional bodies' standards and codes of ethics detailed above).
- 7.12 Non-medical prescribers must only prescribe for patients directly under their care in their normal working practice.
- 7.13 If a prescriber issues a repeat prescription, they are responsible and accountable as the signatory of that prescription: The non-medical prescriber should be familiar with the patient, their condition and the medication required and remain within their scope of prescribing practice/competency. Where

issuing ongoing repeats, the non-medical prescriber is responsible for the ongoing assessment of the patient to ensure prescribing and any required monitoring remains in line with clinical need.

7.14 Shared Care Guidance is available for specific drugs where therapy is initiated in the specialist setting but, at an agreed time, prescribing and drug monitoring is taken over by primary care.

- Hospital specialists should request a sharing of care and provide written guidance on the arrangements for sharing of care between the non-medical prescriber and hospital specialist.
- This includes advising the patient's non-medical prescriber which medicine to prescribe.
- If a new or rarely prescribed medicine is recommended, the hospital specialist should specify the dosage and means of administration and agree a protocol for treatment.
- Hospital specialists should explain the use of unlicensed medicines and departures from authoritative guidance or recommended treatments and provide both the non-medical prescriber and the patient with sufficient information to permit the safe management of the patient's condition.
- If a non-medical prescriber is uncertain about their competence to take responsibility for the patient's continuing care, they should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague.
- If the non-medical prescriber is still not satisfied, they should explain this to the other clinician and to the patient and make appropriate arrangements for their continuing care.
- For further information please refer to the [Definitions and Criteria for Categorisation of Medicines in the Pan Mersey Formulary](#)

7.15 Independent prescribers may prescribe medicines for uses outside their licensed indications/UK marketing authorisation (off label).

In doing so they:

- accept professional, clinical, and legal responsibility for that prescription, and should only prescribe off label/medication where it is accepted clinical practice and in accordance with the local formulary and is satisfied that it would better serve the patient's clinical needs than a licensed alternative.
- Must be satisfied that there is a sufficient evidence base to demonstrate its safety and efficacy.
- Must explain to the patient in broad terms why the medicines are not licensed.
- Must make clear, accurate and legible records for all medicines prescribed and the reason for prescribing off label.

7.16 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.

7.17 The non-medical prescriber should ensure that the person administering the medicine 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.

7.18 Non-medical prescribers must be able to recognise and deal with pressures that might result in inappropriate prescribing. Pharmaceutical companies that are members of the Association of British Pharmaceutical Industry (ABPI) are required to comply with the ABPI Code of Practice for the Pharmaceutical Industry 2019, which regulates the promotion of prescription medicines and certain other non-promotional activities. 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.

7.19 Non-medical prescribers need to be familiar with and comply with their professional standards on interacting with the pharmaceutical industry.

8. ISSUING PRESCRIPTIONS

8.1 Prescriptions should only be issued by practitioners who are registered as prescribers with their professional regulatory body and demonstrate up-to-date clinical competence in their intended field of prescribing.

8.2 Prescriptions may only be issued to patients registered with the organisation that employs the non-medical prescriber and where they are registered as a prescriber.

8.3 With the advent of electronic prescribing, faxing of prescriptions is not recommended. If electronic prescribing is not possible an alternative secure method such as email should be used instead. 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.

8.4 If the prescription is handwritten the non-medical prescriber should complete the FP10 prescription form in line with the 'Prescription Writing' requirements as per the Human Medicines Regulations 2012 which can be found in the most up to date BNF.



- 8.5 FP10 prescription pads are available from Primary Care Support England (PCSE) via the online supplies ordering portal at:
<https://pcse.england.nhs.uk/services/supplies/>
- 8.6 Non-medical prescribers who are prescribing controlled drugs should be familiar with the Misuse of Drugs Regulations 2001 for controlled drug prescription writing which can be found in the BNF.
- 8.7 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/PIN number and practice code and must be signed and dated by the named non-medical prescriber only.
- 8.8 In most cases no more than four weeks supply of any product should be prescribed at any one time.
- 8.9 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.
- 8.10 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).
- Reporting should be carried out for prescribed drugs, medicines obtained by patients over the counter and herbal medicines.
 - Electronic reporting is the method of choice and can be accessed from MHRA or in some cases via the GP's clinical system e.g., Emis
 - Paper versions of the Yellow Card are included in the BNF.
 - All adverse reactions and subsequent actions should be documented in the patient's notes.

9. RECORD KEEPING

- 9.1 Non-medical prescribers need to be familiar with and comply with their professional standards on record keeping.
- 9.2 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.
- 9.3 In supplementary prescribing an agreed [Clinical Management Plan \(CMP\)](#) either written or electronic, must be in place, in accordance with the Nursing and Midwifery Council 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-

10. SECURITY AND SAFE HANDLING OF PRESCRIPTION PADS

10.1 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.

10.2 Organisations (GP practices, Health Centres etc.) must have appropriate procedures and systems in place to ensure, as far as practicable, that all prescription pads are properly protected secured and managed, in line with NHS Counter Fraud Agency (NHSCFA) policy on 'Management and Control of Prescription forms'.

10.3 The security of prescription forms is the responsibility of both the organisation and the individual prescriber. It is advisable to hold only minimal stocks of prescription forms.

10.4 All non-medical prescribers should be aware of the organisation's procedures and systems relating to prescription pads.

10.5 It is the responsibility of the organisation to order and maintain a register of prescription serial numbers that have been given to non-medical prescribers.

Under no circumstances should blank prescription forms be pre-signed before use.

10.6 When not in use prescription pads must be stored in a suitable locked drawer/cupboard.

When travelling between patients, prescription pads should be kept out of sight and never be left unattended in the car.

10.7 Best practice dictates that where possible, prescription pads should be returned to safe storage at the end of the day.

10.8 Non-medical prescribers must only write prescriptions on a prescription pad bearing their name, professional registration number/PIN number and prescribing qualification.

10.9 If a prescription is written in error 'VOID' should be written across the prescription, a note of the prescription serial number made and reason for destruction recorded. The void prescription should be shredded as soon as possible.

10.10 Prescription pads must be returned to the practice manager/line manager before the last day of employment, commencement of maternity leave or anticipated long-term sickness leave. [It is the responsibility of the line manager/practice manager to ensure that prescription pads are retrieved from non-medical prescribers].



11. CONTROLLED DRUGS

- 11.1 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.
- 11.2 Legally the prescription for any schedule 2 or 3 controlled drug must include the dosage to avoid uncertainty on administration. “When required” and “as directed” does not legally constitute a dose. There is 28-day validity on CD prescriptions (except schedule 5 drugs) and medicines which are not controlled drugs should not be prescribed on the same prescription as schedule 2 or 3 drugs.
- 11.3 All non-medical prescribers should be aware of their organisation’s 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/7668/guidance-on-the-management-of-controlled-drugs-in-gp-practices-jan-2020.pdf>
- 11.3 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>

12. CLINICAL SUPERVISION AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

- 12.1 Clinical supervision and continuing professional development are essential elements of the clinical governance framework for non-medical prescribing.
- 12.2 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 lead to fitness to practice concerns, which may be raised with the non-medical prescriber’s professional body.
- 12.3 Continuing professional development requirements should be identified at least annually, during the non-medical prescriber’s appraisal process.
- 12.4 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.
- 12.5 The mentor and the employer should ensure that the prescriber has access to relevant education, training, and development opportunities. Continuing professional development may also be met by reading, clinical supervision, shadowing, and clinical / peer review.



- 12.6 Every non-medical prescriber should have access to clinical supervision in support of their practice, enabling practitioners to maintain and improve standards of care and develop their prescribing skills.
- 12.7 The mentor is responsible for reviewing the non-medical prescriber's continuing professional development portfolio at agreed intervals, at least annually, for assurance purposes. The CPD form in appendix 3 can be used if needed but does not need to be submitted.
- 12.8 The mentor and non-medical prescriber should agree how often they should meet to discuss competencies, prescribing and continuing professional development. The decision should consider 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.
- 12.9 All non-medical prescribers should conduct an appraisal of their own practice against the "A Competency Framework for all Prescribers" published by the Royal Pharmaceutical Society.
- 12.10 It is the responsibility of the non-medical prescriber to ensure that their clinical supervisor and employer/line manager are informed if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable or safe level. The non-medical prescriber should not continue with prescribing activities in this case until his/her needs have been addressed and their competence or confidence is restored.
- 12.11 Non-medical prescribing training sessions will be held up to **four** meetings a year to discuss prescribing guidance and legislation, drug safety updates and to provide clinical education sessions.

13. RETURNING TO PRACTICE/CHANGING PRESCRIBING SPECIALITY

- 13.1 Non-medical prescribers are legally accountable for their practice and should not prescribe outside of their level of competence / knowledge.
- 13.2 If returning to prescribing practice after a period of time or changing speciality, it is recommended that the non-medical prescriber:
- Appraise their prescribing practice with their clinical supervisor/mentor, prior to recommencing a prescribing role.
 - Is assessed by their clinical supervisor/mentor as being competent to prescribe, prior to recommencing a prescribing role.
 - Identifies and agrees a learning plan with their clinical supervisor/mentor.

14. AUDIT

- 14.1 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.

- 14.2 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 clinical commissioning group 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 8 for optional monitoring template).
- 14.3 A clear audit trail for prescriptions is essential and non-medical prescribers must only prescribe on an FP10 prescription form bearing their own name and profession registration/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 the non-medical prescriber's scope of practice this could raise concerns. Organisations 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.
- 14.4 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.
- 14.5 The clinical commissioning group will ensure that any anomalies noted during the monitoring of a non-medical prescriber's ePACT data, are highlighted to the non-medical prescriber, via email, and the mentor and CCG non-medical prescribing lead if appropriate. Refer to appendix 9 for the process of dealing with prescribing concerns.

Acknowledgements - With thanks to NHS Cheshire CCG and the following for their contributions and insight:

Hannah McGowan	Practice Nurse Lead, NHS Wirral CCG
Karen McCabe	Lead Nurse, Wallasey Wellbeing PCN
Sue Smith	Associate Director Quality Improvement & Workforce Development, Primary Care Wirral



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 DPP 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 full course.

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

The Prescribing Lead or a nominated practitioner 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 DPP Guide

Practice Managers signature Date:

Print name.....

Please return the completed form to the PCN Lead Nurse who will contact you about the application process or advise you of the further preparation required to meet the criteria.

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 full name:		Title:	Mr / Mrs / Miss / Ms
Professional registration no: (NMC/GPhC/HCPC no. or equivalent)		Independent Prescriber V300 <input type="checkbox"/>	
		Supplementary Prescriber V100/V150 <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 as an NMP:		Tel. No:	
Job Title:		Mentor's Name:	
NMP's email address:		Mentor's Email:	
Please tick to say you have read the current non-medical prescribers' policy, found on the CCG website <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"/> Please tick to confirm that you have ScriptSwitch Activated on the computer you prescribe from <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 (this is considered a specialist area of practice)? YES / NO			

Table 1: Scope of Prescribing Practice

<i>The following areas of practice have been identified as appropriate for non-medical prescribing, in line with the British National Formulary categories. Please cross each box (☒) that supports the clinical areas in which you will prescribe.</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"/>

Will you be carrying out home or care home visits? YES / NO

In these circumstances, the prescriber may need an FP10 prescription pad, available from [Primary Care Support England](#)

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 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 mentor is responsible for providing regular 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
Mentor

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)

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

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: 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:

Mentor's Signature: Date:

APPENDIX 4: 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"/>	<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"/> <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"/>

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:

Mentor's Signature: Date:

APPENDIX 5: 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.....

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

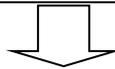
Appendix 6: Process for applying to Non-Medical Prescribing course

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

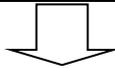
Individual and their manager e.g., Practice Manager/Senior GP identify need to undergo training as a prescriber during appraisal and PCN workforce development planning.

Employer to ensure candidate meets the criteria for the course.

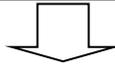
<https://www.hecooperative.co.uk/>



Candidate contacts the PCN Lead nurse to express their interest in undertaking this training.

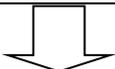


The PCN Lead nurse identifies all the NMP nominees to the CCG NMP Lead. CCG NMP lead will liaise with the primary care academy to confirm allocation of resources.

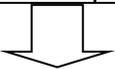


The CCG NMP Lead nominates the candidate for the mandatory on-line numeracy assessment via the SN@P website: <https://snap-ae.com/>

If the numeracy assessment is passed the candidate can complete the North West Universities Application form <https://www.hecooperative.co.uk/nmp-zone/e-learning/> and should return a copy of this completed application form to the CCG NMP Lead to sign.



The NMP Lead forwards the NMP Lead approval page from the application form, together with the starting date, whether the course is level 6 or 7, and which university the applicant wishes to attend, to the primary care academy for a funding letter to be approved, and copies in the candidate to this email.

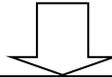


The candidate applies for a place and is accepted for the NMP course.

APPENDIX 7: Process for registering qualified Non-Medical Prescribers to prescribe.

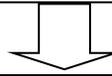
This process applies to **all** non-medical prescribers who start employment in a GP practice, or move to work as an employee in a different GP practice within Wirral Clinical Commissioning Group

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 completed prior to starting work*)



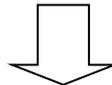
Qualified non-medical prescriber completes Approval to Practice (ATP) form (Appendix 2) with their mentor. If working in more than one practice with the same role & same Lead Clinician – complete page 4 of ATP, if working in more than one practice, e.g., GP practice/minor injury centre, then an ATP will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

The form should be returned to the Midlands and Lancashire Commissioning Support Unit Medicines Optimisation Team at: mlcsu.nmp-wirral@nhs.net

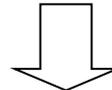


Once the documents/forms have been received and reviewed, the form titled 'Non-medical prescriber joining a GP practice or cost centre' is completed, and is emailed to nhsbsa.prescriptioninformation@nhs.net to register the non-medical prescriber with the NHS Business Services Authority (NHSBSA), this takes 5 working days.

The non-medical prescriber details is entered onto the CCG non-medical prescriber database.



The GP Practice 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.



Once the non-medical prescriber has been notified, via email, that the NMP joining form for the NHSBSA has been submitted they can prescribe after 5 working days (maximum time it takes for the NHSBSA to process the form)

Note: The GP Practice must promptly email mlcsu.nmp-wirral@nhs.net when the non-medical prescriber leaves the Practice. This is important to ensure that they get deregistered (with the NHSBSA) as a prescriber from the practice.

APPENDIX 8: Non-Medical Prescriber's Review of Quarterly Prescribing Data

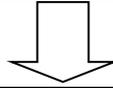
(This form is optional for a non-medical prescriber to use to record their own auditing or if further information is requested by the CCG regarding prescribing anomalies)

Non- Medical Prescriber's Name		Date of review	
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 Approval to 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 Mentor:			

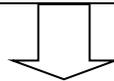
This form should be retained by the mentor and the non-medical prescriber for review purposes.

APPENDIX 9: Process for dealing with prescribing concerns

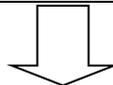
Anomalies/concerns in prescribing are brought to the NMPs attention via email and should initially be discussed directly with the non-medical prescriber by their mentor/practice.



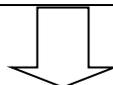
Practice/non-medical prescriber feedback any actions taken within a month, via email to mlcsu.nmp-wirral@nhs.net and provide assurance to the CCG that systems are in place to avoid similar incidents/mitigate the risk.



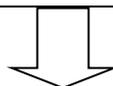
If the Clinical Commissioning Group is still concerned, the non-medical prescribing issue is escalated to the appropriate committee/CCG NMP Lead Nurse. A summary report of concern and action to date will be submitted.



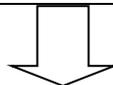
The appropriate group identifies necessary action and communicates this, via email or face to face to the mentor/practice manager/non-medical prescriber. If necessary, concerns will be escalated to the appropriate person within NHS England (e.g., Area Team, Director of Nursing or Controlled Drugs Accountable Officer).



Mentor/practice manager/non-medical prescriber completes and submits their action plan, via email, to the appropriate group to provide assurances that the actions have been addressed.



CCG NMP 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.



Mentor/practice manager & 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: It may be necessary for the CCG to request copies of prescriptions from the NHSBSA Prescription Services. All correspondence will be logged on the CCG NMP database. If necessary, the non-medical prescriber should review and update their Approval to Practice form and email it to: mlcsu.nmp-wirral@nhs.net

APPENDIX 10: Contact Details

Assistant Director - Quality and Patient Safety NHS Wirral CCG	Richard Crockford NHS Wirral CCG NMP Lead richard.crockford@nhs.net
NHS Wirral CCG Prescribing Lead GP	Dr Diane Atherton dianeatherton@nhs.net
Admin Support queries Midlands and Lancashire Commissioning Support Unit	Hayley Venables mlcsu.nmp-wirral@nhs.net 0151 541 5390
Prescribing queries Midlands and Lancashire Commissioning Support Unit	Abigail Cowan Medicines Optimisation Pharmacist mlcsu.nmp-wirral@nhs.net

APPENDIX 11: Change History

Change details	Date
New NMP Policy	Feb 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. Also due to a change in legislation Advanced Paramedics can now become Independent Prescribers.	Feb 2019
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: <ul style="list-style-type: none"> Addition of nomination form link. Changed from CPD Apply to directly with the university. NMP can prescribe after 5 working dates from confirmation of submission of a completed ATP. 	Feb 2019
Updates: <ul style="list-style-type: none"> Amendments under purpose Addition of equality & diversity section Updated definitions including change from DMP to DPP. Amendments to roles & responsibilities Change to process for applying to NMP course. Amendments to legal & clinical liability including strengthened section on NMP locums. Amendments to issuing prescriptions. Amendments to record keeping. Amendments to security & safe handling of prescription pads. Updated section on controlled drugs. Amendments to clinical supervision and CPD Addition of returning to practice/change in speciality section. Updated audit section. Updated appendices including the removal of appendix 3 'practice assurance form' which is no longer used. 	May 2021