NON-MEDICAL PRESCRIBING POLICY

To be read in conjunction with the Medicines Policy, Controlled Drug Policy and the FP10 Prescribing Forms Policy

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This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000
Document objectives: To promote the safety of patients through the safe and secure prescribing of medicines by Trust staff at all times, acting within the legal framework of the Medicine's Act 1968, the Misuse of Drugs Act 1971 and the Medicinal Products Act 1992.

Intended recipients: All non-medical prescribers

Committee/Group Consulted: Medicines Management Group, Non-Medical Prescribing Group, Clinical Policy Review Group

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CONTRIBUTION LIST Key individuals involved in developing the document

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NON-MEDICAL PRESCRIBING POLICY

1. INTRODUCTION

1.1 Somerset Partnership NHS Foundation Trust supports the safe and secure prescribing of medicines for patients by appropriately trained and registered non-medical prescribers (NMPs) employed within the Trust and working within the Trust area.

1.2 Staff should ensure the patient is able to understand the information given to them and are able to give their informed consent. This may necessitate the use of a professional interpreter and the translation of written information. A capacity assessment should be considered for those patients who are unable to consent to the procedure and reference should be made to the relevant Trust policy.

2. PURPOSE AND SCOPE

2.1 The purpose of this policy is to provide a governance framework for non medical prescribing in Somerset Partnership NHS Foundation Trust setting out the principles for safe, effective, evidenced based prescribing, in accordance with the relevant legislation.

2.2 This policy will ensure that the following objectives are met:

- appropriate training and educational programmes will be provided by the Trust to ensure that Non Medical Prescribers maintain safe and effective prescribing;

- all Non Medical Prescribers in the Trust are aware of their responsibilities regarding the safe and effective prescribing of medicines;

- all Non Medical Prescribers in the Trust are able to maintain high standards of practice at all times in the prescribing of medicines and enabling them to act at all times in the best interest of the patient;

- where there are incidences where the policy either cannot be followed or has not been followed, that these are reported using the Trust’s Datix system of reporting;

- all non-medical prescribers should prescribe in accordance with the Somerset Prescribing Formulary and prescribing recommendations from the Trust Medicines Management Group

2.3 This policy should be read in conjunction with the following Trust Policies:

- Medicines Policy;
- Standard Operating Procedures for Controlled Drugs (prescribing);
- FP10 Prescribing Forms Policy;
• Patient Group Directions;
• Immunisations and Vaccinations;
• The Administration of Injections;
• Infection Control Policies;
• Clinical (Healthcare) Waste Management;
• Medical Devices;
• Just In Case Box Policy (Community Health Directorate only);
• Untoward Events Reporting Policy - DATIX

3. DUTIES AND RESPONSIBILITIES

3.1 The Chief Executive is ultimately responsible for ensuring the trust complies with legal requirements and national recommendations for non-medical prescribing.

3.2 The Trust Board has a responsibility to ensure training is available to all relevant staff and that competency assessment is available via the clinical practice team as required. This responsibility is delegated to the director of nursing and patient safety.

3.3 The Director of Nursing and Patient Safety is the lead for Non-Medical Prescribing for the Trust and has devolved responsibility for Non-medical prescribers, ensuring training, updates and Non Medical prescribing information is cascaded.

3.4 The Medical Director and the Medicines Management Group will monitor the implementation of this policy and will ensure it is updated at least every three years or sooner according to changes in local or national guidance.

3.5 All Non-medical prescribers (independent, community, supplementary) are accountable for their practice and must ensure that they have met the criteria for approval for non-medical prescribing training and adhered to the process of Trust authorisation prior to practicing.

3.6 Bank and Agency staff will be considered and allowed to prescribe on a case by case basis by the line manager for that area. To ensure agency staff are covered by the Trust the staff must be NHS Patient and Supply Agency approved.

Principles for Non Medical Prescribing

3.7 Non medical prescribing will be supported in the Trust where it can be demonstrated that the following principles are met:

• provide safe and effective prescribing and clear accountability for prescribing;
• improve patient care without compromising patient safety by enabling appropriately qualified professionals working within multidisciplinary teams to extend and utilise their skills by prescribing;
improve timely access to medicines and treatment for patients by enabling health professionals to prescribe treatment where appropriate;

- make efficient use of resources and the skills of health professionals;
- support patient centred care, through the redesign of services to be provided at home, in community settings or health care premises.

3.8 The Trust will develop Non-Medical Prescribing roles that are required for service development, using the South West Strategic Health Authority Non Medical Prescribing Strategy for identifying new prescribers (Appendix A).

4. EXPLANATIONS OF TERMS USED

Independent Prescribers

4.1 An experienced health practitioner who has successfully completed an approved education programme and is registered with their professional body as an Independent Prescriber. Independent Prescribers may prescribe medicines within their own agreed competence.

Community Prescribers

4.2 Community Practitioner Nurse Prescribers (formerly District Nurses and Health Visitors (DN/HV)), who have undergone an approved training programme, may prescribe from a limited list of products specified in the Nurse Prescribers’ Formulary.

Supplementary Prescribers

4.3 Supplementary prescribers work in partnership with an independent medical prescriber, who is a doctor or a dentist, to implement an agreed patient-specific Clinical Management Plan (CMP) with the patient’s agreement.

5. STATEMENT OF POLICY AND GUIDANCE

Legislative and Professional Framework

5.1 This policy supports prescribing by non-medical prescribers in accordance with the requirements of their relevant professional and regulatory bodies. All non medical prescribers, including community practitioner prescribers, independent prescribers, and supplementary prescribers must comply with the current legislation for prescribing and are accountable for their prescribing practice.

5.1.1 The following legislation and professional standards and guidance provide the legal and professional framework for non medical prescribing:

- The Human Medicines Regulations 2012
- Misuse of Drugs Act 1971
• The Medicinal Products: Prescription by Nurses Act 1992
• Health Act 2006
• The Medicines and Human Use (Prescribing) (Miscellaneous Amendments) Order of May 2006
• Safer Management of Controlled Drugs: (1) Guidance on Strengthened Management Arrangements January 2007
• British National Formulary
• Medicines Matter: A guide to mechanisms for the prescribing, supply and administration of medicines Department of Health July 2006
• Improving Patient’s Access to Medicines: Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England Department of Health April 2006
• Standards of conduct, ethics and performance. General Pharmaceutical Council 2012
• Standards of Proficiency for Nurse and Midwife Prescribers (NMC) April 2006
• Standards for Medicines Management Nursing & Midwifery Council (NMC) 2008
• Record Keeping: Guidance for Nurses and Midwives (NMC) 2010

5.1.2 The Medicinal Products: Prescription by Nurses Act 1992 and subsequent amendments to the Pharmaceutical Services regulations set out the arrangements to allow registered health visitors and district nurses, to undertake a programme of training to qualify as a community practitioner prescriber enabling them to prescribe from the Nurse Prescriber’s Formulary.

5.1.3 In May 2005 supplementary prescribing was also introduced for the following allied health professionals: podiatrists / chiropodists, physiotherapists and radiographers so that they can prescribe courses within an agreed clinical management plan.

Red drugs

5.2 When a drug is classified a ‘red drug’ in the Traffic Light Guidance (located on the intranet) the medication is to be prescribed by the specialist in secondary care and not the non-medical prescriber working for Somerset Partnership unless they are a recognised specialist in the use of the medicine. The list of specialist non-medical prescribers is available on the intranet. Administration of red drugs must adhere to the Red Drug Pathway (Appendix G).
Community Practitioner Nurse Prescribers

5.3 Community Practitioner Prescribers may prescribe from a limited list of products; these may consist of appliances, dressings and pharmacy (P) and general sales list (GSL) medicines, and a small number of Prescription Only Medicines, relevant to community nursing and health visiting practice. Details of the formulary are set out in the British National Formulary and Part XVIIIB(i) of the Drug Tariff.

5.3.1 Community practitioner nurse prescribers must have a recorded prescribing qualification on the Nursing and Midwifery Council register, to become community practitioner prescribers. Practitioners whose prescribing status is denoted on the register as community practitioner prescriber, and who are approved within their employment setting, may prescribe from the list of drugs approved for this purpose contained within the Nurse Prescribers’ Formulary and any amendments made to it.

Independent Prescribers

5.4 Independent prescribers (formerly Extended Formulary Nurse Prescribers) have authority to prescribe any licensed medicine (i.e. products with a UK marketing authorisation) for any medical condition and this includes Controlled Drugs (CDs) in Schedules 2 to 5. The Trust does not authorise NMPs to prescribe CDs for opioid dependents. However, it is acceptable for NMPs that are competent and authorised to prescribe CDs when relieving pain, for example, following organic disease or injury. The Medicines and Human Use (Prescribing) (Miscellaneous Amendments) Order of May 2006, the Standards of Proficiency for Nurse and Midwife Prescribers Nursing and Midwifery Council (April 2006) state that nurse independent prescribers must only ever prescribe for medical conditions that are within their own level of experience and competence.

5.4.1 Independent nurse prescribers cannot prescribe unlicensed medicines.

5.4.2 Mixing two licensed medicines where one is not a vehicle for the administration of the other results in a new, unlicensed product being produced. Medicines legislation has been amended to enable nurse, midwife and pharmacist Independent Prescribers to mix medicines themselves and direct others to mix for the purpose of administration to individual patients. These changes also relate to Supplementary Prescribers provided the mixing of medicines is included in the Clinical Management Plan relating to the treatment of an individual patient.

5.4.3 Existing good practice (as outlined in 5.4.2.) should continue in relation to mixing of controlled drugs based on the Home Office Circular 009/2012.

Appropriate Independent Prescribing

5.5 The Independent Prescriber is competent to assess, diagnose and make treatment decisions for the patient:

- for conditions that the independent prescriber is competent to treat independently
- the prescriber works remotely from a doctor, seeing patients independently
• the independent prescriber is authorised by the Trust to undertake this role

**Supplementary Prescribers**

5.6 Supplementary Prescribers must be appropriately trained and registered practitioners who undertake appropriate training programmes to become supplementary prescribers. There are no legal restrictions on the clinical conditions that may be treated.

5.6.1 The clinical management plan will be drawn up, with the patient’s agreement, following diagnosis of the patient by the independent prescriber. Following consultation and agreement of the clinical management plan between the independent and the supplementary prescriber, the supplementary prescriber may prescribe any medicine for the patient that is referred to in the plan, until the next review by the independent prescriber. There is no formulary for supplementary prescribing, and no restrictions on the medical conditions that can be managed under these arrangements.

5.6.2 This mechanism of prescribing may be helpful for nurse and prescribers when they are newly qualified. It will also be appropriate in specific situations, for instance:

• when working within a team where a doctor is accessible
• for specific long-term conditions including those affecting mental health
• for situations involving Controlled Drugs.

5.6.3 Supplementary Prescribers can prescribe **Controlled Drugs** and **unlicensed medicines** in partnership with a doctor, where the doctor agrees, within a patient’s clinical management plan, and where the doctor has prescribed the initial prescription.

5.6.4 From July 2006 chiropodists/podiatrists, physiotherapists, radiographers and optometrists are also able to prescribe Controlled Drugs as supplementary prescribers, but only where there is a patient need and the doctor has agreed this in a patient’s clinical management plan.

**Authorisation to Prescribe**

5.7 A medicine may only be supplied in accordance with a prescription written by an authorised prescriber. The flow chart (Appendix B) must be adhered to for authorisation to prescribe and issuance of prescribing pads.

5.7.1 Somerset Partnership NHS Foundation Trust provides authorisation for non-medical prescribers to prescribe in the course of their clinical practice where they can demonstrate to the non-medical prescribing lead that they meet the all of the following conditions:

• they are registered as an independent/ supplementary /community practitioner nurse prescriber with their regulatory body;
they have completed a validated prescribing training programme and have a prescribing qualification registered with their professional body;

they are employed as a prescriber and their job description includes the requirement to prescribe.

5.7.2 Non-medical Prescribers must only prescribe medicines for NHS patients under the care of Somerset Partnership NHS Foundation Trust, within the clinical speciality in which they have demonstrated competence.

5.7.3 Non-medical prescribers are not authorised to prescribe medicines to any individual who is not under their care as a patient of Somerset Partnership NHS Foundation Trust. Non medical prescribers are not authorised to prescribe for themselves, or for family and friends.

5.7.4 Non medical prescribers are only authorised to prescribe medicines from the relevant national formulary determined by their qualification and the agreed scope of practice and comply with the Somerset prescribing formulary, the Trust's Wound Dressing Formulary and prescribing recommendations made by the Medicines Management Group and within the limits set by the legislation (Section 5).

Verification of Prescribing Status

5.8 All professional groups must register their prescribing qualification with their regulatory body before beginning to prescribe, and this must have been checked and authorised by Somerset Partnership NHS Foundation Trust before they are authorised within the Trust to prescribe (see Appendix B).

5.8.1 Somerset Partnership NHS Foundation Trust’s Head of Medicines Management will keep a central register of non-medical prescribers with sample signatures, details of registration and qualification.

5.8.2 When a clinician has qualified as a non medical prescriber they will complete the NHS Business Services Authority (BSA) amendment of non-medical prescribers practice form (Appendix C). This should be sent to the Director of Nursing and Patient Safety.

5.8.3 On receipt of the BSA amendment of non medical prescribers practice form by the Trust, recording of the prescribing qualification with the relevant professional body will be checked. Once this has been assured the Director of Nursing and Patient Safety, as authorised signatory, will sign the BSA amendment form providing authorisation of the individual practitioner to prescribe. The BSA form will be sent to the Head of Medicines Management who will amend the central register and authorise prescription pads to be ordered for the registered non medical prescriber.

5.8.4 For nurse independent prescribers the following entry codes are used by the Nursing and Midwifery Council to indicate from which formulary the nurse independent prescriber is qualified to prescribe:

V100: Community Practitioner Nurse Prescriber
V150: Community Practitioner Nurse Prescriber (without a specialist practitioner qualification or a specialist community public health nurse qualification)
5.9 In circumstances where a member of staff changes their name, is suspended from
duty or had their employment terminated this notification must be reported to the
Director of Nursing and Patient Safety by completing Appendix C, The Director of
Nursing and Patient Safety will forward the form to the Head of Medicines
Management who will notify the BSA. The NMP’s prescription pad must also be
returned to the Head of Medicines Management when new forms have been
provided.

5.9.1 The non-medical prescriber will advise the Director of Nursing and Patient Safety of
any change in personal details. For example, change of name, area of work or
scope of practice in order that details held by the BSA can be kept current. This
will be through completion of a BSA amendment form in the following
circumstances:

- when a non-medical prescriber leaves their employment or practice setting;
- when a non-medical prescriber takes up further employment / new post where
  they will be working as a non medical prescriber in the new post;
- when a non medical prescriber works in more than one practice setting and
  has a prescribing role in each setting, a PPA amendment form must be
  completed for both settings and prescription pads ordered for each setting.

5.9.2 When an employee leaves their employment or practice setting and prescribing is
no longer in their scope of practice as determined by their line manager, their
prescribing pads will be retrieved as necessary and returned to the Head of
Medicines Management.

Budget Arrangements for Non-Medical Prescribers

5.10 Community Practitioner Nurse Prescribers will prescribe for the patients on the
defined clinical caseload using the correct GP code. This will ensure that payment
is attributed to the relevant GP Practice.

5.10.1 Independent prescribers will need to have identified with their line manager the
relevant prescribing budget for their prescribing practice prior to starting their
training.

5.10.2 Where an independent prescriber or supplementary prescriber is prescribing within
another NHS organisation in the course of their clinical practice, they will be
required to have an honorary contract in place with the relevant NHS organisation
and agreement about the relevant prescribing budget that from which they will
prescribe. Also, if it is the Trust’s activity then prescribing on the Trust’s prescription
pads is to continue, if it is activity by another provider then the outside organisation
pads must be used. When there is a dual contract then the provider must use their own FP10s.

**Prescribing Practice**

**Prescribing within Competence**

5.11 All Independent Prescribers must work within their own level of professional competence and expertise, and must seek advice and make appropriate referrals to other professionals with different expertise. Independent Prescribers are accountable for their own actions, and must be aware of the limits of their skills, knowledge and competence (Department of Health Guide to Implementing Nurse and Pharmacist Independent Prescribing April 2006).

5.11.1 Nurses must act within the NMC’s: The Code: standards for conduct, performance and ethics (2008).

**Responsibility for prescribing decisions**

5.12 Non medical prescribers should comply at all times with the standards for prescribing practice set by their relevant professional Body (NMC April 2006, GPhC 2012).

5.12.1 A Nurse Independent Prescriber, Community Practitioner Prescriber or Supplementary Prescriber can only prescribe a medicine for a patient whom he/she has assessed for care / treatment prior to writing the prescription. For exemption see 5.12.5.

5.12.2 Before prescribing any medicines, the non medical prescriber is required to undertake a holistic assessment of the patient. Their choice of medicines must take into account other medications already prescribed for the patient and any potential interactions should be considered.

5.12.3 Prescribing should include discussion with other members of the multidisciplinary team where appropriate, even where a clinical management plan has been previously agreed.

5.12.4 Non-medical Prescribers will be expected to recognise those situations where it is inappropriate for them to prescribe.

5.12.5 Non-medical prescribers cannot issue prescriptions on behalf of non-prescribing pharmacists, nurses and allied health professionals. The exception to this is for community practitioner prescribers where a patient on their caseload is receiving treatment to a wound. When a non-prescribing nurse from the community nursing team has reassessed the wound of a patient and identified the need to change treatment, the community practitioner nurse prescriber may issue a prescription for this change in treatment, however, the community practitioner prescriber remains responsible and is accountable for the decision to prescribe.
5.12.6 Prescriptions should generally provide treatment for a period of no more than one month before evaluation. However, the non medical prescriber will ensure that the prescription is cost effective and meets the clinical needs of the patient.

5.12.7 Prescriptions by non medical prescribers in the contraceptive and sexual health service provide treatment that can be from 1 day to 3 years in duration depending on the contraceptive method, i.e. contraceptive sub dermal implants are licensed for 3 years. Evaluations are made at regular intervals according to the specific contraceptive method.

5.12.8 All non-medical prescribers will make prescribing decisions based on clinical assessment of the patient and in accordance with relevant NICE Guidance or relevant national guidelines and in compliance with the Somerset Prescribing Formulary and the Trust Wound Dressing Formulary and the prescribing recommendations of the Trust Medicines Management Group.

5.12.9 The non-medical prescriber must be aware of professional and ethical issues and not allow pharmaceutical representatives to affect their prescribing decisions (Refer to Medicines Policy for further guidance).

5.12.10 The non-medical prescriber must always use the current British National Formulary (BNF) to aid prescribing. It is the non-medical prescriber’s responsibility to dispose of the BNF when a new copy of the BNF is received (Some community pharmacies operate a scheme to send old BNFs to under developed countries).

5.12.11 Prescribed items become the property of the named patient on the prescription and must not be used by another patient.

5.12.12 When writing a prescription, the non-medical prescriber will use the approved name of the drug. The exceptions to this is when the brand name has to be specified, for example, slow, extended or modified release preparations as indicated in the BNF or when prescribing wound management and related products from the Nurse Prescribing Formulary or the Trust Wound Dressing Formulary, when it will be necessary to state the name of the product required.

Prescribing by Community Health Services Prescribers

5.13 When prescribing non-medical prescribers will use one of three methods of prescribing:

Community Hospitals

5.14 When prescribing for hospital inpatients, non-medical prescribers will use the Trust’s Medicines Administration Record (MAR) or appropriate supplementary prescribing chart. The Trust’s discharge stationary will be used by non-medical prescribers involved in the discharge of patients from the Trust. The status of non-medical prescriber must be clearly recorded on the documentation at the time of prescribing.

Prescribing in community settings (patient’s own homes)
5.15 The prescription pad for Community Practitioner Nurse Prescribers and Independent Nurse Prescribers are denoted by the colour lilac. All non-medical prescribers should ensure that the details printed on the pad are correct, paying particular attention to the name, Professional Registration Personal Identification Number and the Trust or GP code.

**Supplementary Prescribing in Mental Health Services**

5.16 A standard clinical management plan must be prepared for each individual patient where a supplementary prescriber is to be involved in the prescribing of medicines. This should follow the guidance given in Supplementary Prescribing by Nurses and Pharmacists within the NHS in England – a guide for implementation (May 2005). A template clinical management plan is available at Appendix D.

5.16.1 A standard clinical management plan must also be prepared for each service user with a learning disability, where a supplementary prescriber is to be involved in the prescribing of medicines. In addition, should the service user not have capacity to consent and be unable to sign/indicate their agreement within the clinical management plan, then the explicit agreement of the family/carer should be gained and recorded.

5.16.2 A hard copy of the clinical management plan must be filed in the patient’s medical notes, and an entry made in the contemporaneous record to indicate the date on which the clinical management plan was initiated, the named practitioners involved and that patient consent has been obtained.

5.16.3 Prescribing must be done on Patient prescription forms or FP10 or directly onto RiO in the patients Electronic Prescribing.

**Consent**

5.17 Independent Prescribers must ensure that patients are aware that they are being treated by a non-medical practitioner and of the scope and limits of their prescribing. There may be circumstances where the patient has to be referred to another healthcare professional, to access other aspects of their care.

5.17.1 All prescribing decisions should be made in partnership with the patient. The independent prescriber should discuss the plan of care and treatment with the patient including providing information about the supply and administration methods for the treatment, any potential side effects to the proposed treatment and the duration of the treatment.

5.17.2 Prescribing decisions should be made with the full consent of the patient. Where the patient does not have capacity to consent to treatment, the prescribing decision should be made with full consideration of the patient’s best interests in accordance with the Mental Capacity Act 2005.
Record Keeping (paper and electronic)

5.18 Non-medical prescribers should make a record of all prescribing decisions in the patient's medical record and/or in the nursing or caseload record whichever applies. A record is also kept on RiO.

5.18.1 Where the patient is an inpatient in a community hospital the prescribing must follow the instructions as depicted on the back of the MAR. The rationale for any change in the prescription must be documented in the patient’s medical records.

5.18.2 Where the patient attends a Minor Injury Unit or Community Clinic, a record of the prescribing decision should be made in the patient’s minor injury record/medical record. Information on the prescribing decision should be provided to the patient’s General Practitioner using the fax prescribing decision form at Appendix E or by post to the GP practice.

Prescription Writing

5.19 For prescription writing refer to Prescribing Section of the Medicines Policy and Controlled Drug Standard Operating Procedure.

Security of Medicines and Prescription Pads

5.20 Prescription pads (FP10s) will be issued from designated order points to non-medical prescribers once approved by the Lead for non-medical prescribing. The person issuing the prescription pads will keep a record of the Serial Numbers of the prescriptions issued to the named non-medical prescriber.

5.20.1 The non-medical prescriber will also keep a record of the Serial Numbers of any Prescription Pads in his/her possession. It is the responsibility of the non-medical prescriber to;

- ensure the security of the pad at all times;
- never pre-sign blank prescription forms prior to use;
- never leave unattended prescription pads/forms. They should be placed in a lockable drawer in community hospital/community settings, and placed within the car boot when travelling in between patient’s homes or clinics;
- the prescription pad must be removed from the car when the car is unattended.

5.20.2 The Trust must retrieve pads from staff who terminate their employment or where the nurse is suspended from duty for whatever reason.

5.20.3 In the event of loss or theft, the non-medical prescriber will report this immediately to their manager (or the manager on-call during unsociable hours), the police and the Director of Nursing and Patient Safety. The incident must be reported via Datix in accordance with the Trust Incident Reporting Policy.
Termination of Employment / Disposal of Prescription Pads

5.21 On termination of contract, non-medical prescribers must return their prescription pad to their line manager immediately (Refer to FP10 Policy). The line manager must complete an amendments form (Appendix C) and return the pad to a designated shredder.

Adverse Drug Reaction Reporting

5.22 If a patient reports a severe or unexpected reaction to a medicine prescribed by a non-medical prescriber, the non-medical prescriber will report this immediately to the patient’s General Practitioner, or clinician responsible for the patient’s medical treatment for inpatients, and take appropriate action to minimise the drug reaction. For further information refer to the Medicines Policy.

Non-Medical Prescribing Errors

5.23 For non-medical prescribing errors refer to the Medicines policy section on medicines incidents and report via DATIX. Lessons learnt will be identified following written reflective practice with supervision.

Prescription Fraud

5.24 Prescription forms of any sort MUST NOT be used for self prescribing or for family members or colleagues. In addition, using FP10 forms to prescribe for private patients is forbidden and constitutes fraud against the NHS. If prescription fraud is suspected, it must be reported immediately to the Director of Nursing and Patient Safety, the Line Manager and Local Counter Fraud Specialist.

Continuing Professional Development

5.25 All non-medical prescribers are responsible for maintaining their continuous professional development for their clinical practice and for their prescribing practice. Non-medical prescribers must keep themselves up to date with items in the Nurse Prescriber’s Formulary / British National Formulary within their scope of clinical practice taking account of changes.

5.25.1 All non-medical prescribers are responsible for keeping themselves up to date with relevant NICE guidance and national guidance and the most recent evidence base for their area of clinical practice in respect of prescribing decisions that may be made.

5.25.2 The Trust will ensure non-medical prescribers are issued with up to date British National Formularies, and that community nurse prescribers are issued with up to date nurse prescriber’s formularies. A list of non-medical prescribers will be maintained by the Medicines management team.

5.25.3 Somerset Partnership NHS Foundation Trust will ensure that non-medical prescribers are provided with up to date information in relation to National Patient
Safety Agency Safety Alert Bulletins concerning prescribing and drug administration cascaded by the Governance Unit Leads.

5.25.4 All non-medical prescribers will be expected to provide evidence of a minimum of twelve hours Continuing Professional Development (CPD) per year. Evidence will be reviewed by the Director of Nursing and Patient Safety (or designated deputy) every two years. Non-compliance with this requirement may result in the removal of the name of the non-medical prescriber from the respective Trust Non-Medical prescribing register.

5.25.5 The Trust has a non-medical prescribing forum that meets on a quarterly basis. The focus is on providing continuing professional development and reflection on current practice and consideration of any relevant published material.

**Clinical Supervision**

5.26 All NMPs must attend nine sessions a year, at least once every six weeks (Refer to the Clinical Supervision and Coaching Policy).

6. **TRAINING REQUIREMENTS**

6.1 Any member of staff who is interested in becoming a prescriber must discuss this with their line manager and the Trust lead for non-medical prescribing if this is part of service need within their specified department. If it can be demonstrated as a service need, then any enquiries about places available must be directed via the Training and Development Department for the attention of the Trust Education Lead.

6.1.1 There are clear criteria that have to be met for approval for all non-medical prescribing training as listed:

- evidence of study at Level 3
- Nurse practitioner qualification or qualification providing competence in physical examination, history taking and assessment
- There is a recognised requirement for non-medical prescribing to be part of the role and will be used 50% of the time to maintain competence
- A medical mentor has been identified
- There is support from the line manager

6.1.2 The line manager must define their scope of practice for prescribing, relating to their specific area of practice (Appendix F).

**Independent Prescribing Training**

6.2 All registered nurses may train to be independent prescribers and supplementary prescribers. However, the Department of Health Guide to Implementation of Independent Prescribing and the Nursing and Midwifery Council Standards of Proficiency for nurse and midwife prescribers, state that nurses put forward for prescribing training must have at least three years’ post-registration experience and the requirements for entry are that they must have completed the Health
Assessment and Physical Examination stand alone module or the Physical Examination stand alone module.

6.2.1 The final decision to authorise individuals will always remain with the Trust to authorise training and to practice as an independent prescriber.

**Community Practitioner Prescribing Training**

6.3 Training for community practitioner nurse prescribers to prescribe from the Nurse Prescriber’s Formulary (NPF) is integrated into the specialist practitioner programme for community practitioners, so all recently qualified District Nurses are entitled to prescribe from the Nurse Prescriber's Formulary, dependent on clinical need. However, District Nurse Training has now ceased.

**Supplementary Prescribing Training**

6.4 Supplementary prescribing training programmes are provided for those allied health professionals who can train to become supplementary prescribers. Higher education institutions often offer the supplementary prescribing elements of the course as multi-disciplinary training for nurses.

**Nurse Professionals Independent Prescribing Training**

6.5 Higher education institutions provide a specific programme of preparation and training for non-medical independent prescribing and supplementary prescribing. These programmes are approved by the Nursing and Midwifery Council (NMC).

6.5.1 Nurses must successfully complete an approved training programme to become a nurse independent prescriber and supplementary prescriber and then register their prescribing qualification with the NMC before they can start prescribing. For further information visit [www.nmc-uk.org](http://www.nmc-uk.org)

**Specific to the Mental Health Services**

6.6 Non-Medical Prescribers who successfully complete an approved training programme, will register their prescribing qualification with the NMC, and then be placed on the Trust Supplementary Non Medical Prescribing Register. Before consideration can be given to placement on the Trust Independent Non-Medical Prescribing Register via the Director of Nursing, completion of a further Pharmacology course or agreed course component will be required. The course/training required will relate to the specific area of practice that the Non-Medical Prescriber is fulfilling, and will be agreed as such with the Director of Nursing and Patient Safety.

**Applications for Non-Medical Prescribing Training**

6.7 The Director of Nursing and Patient Safety as the non-medical prescribing lead is authorised to approve all new prescribers. Nonmedical prescribers will only be developed when there is an identified service need which improves patient care as set out in Section 3 of this policy.
6.7.1 Application forms for non-medical prescribing training will be considered by the Non-Medical Prescribing Group and then approved by the Director of Nursing and Patient Safety. The forms are obtained from the Trust training department. In order to apply for non-medical prescribing training, practitioners must demonstrate that they can meet the criteria as listed in 6.2.

6.7.2 All applications for non-medical prescribing training must be approved by the Trust’s Non Medical Prescribing Lead to ensure that the individual applicant can meet these criteria. If these are met applications will be forwarded to the Trust Training Department for approval for funding.

**Competency Assessment**

6.8 Before any non-medical prescriber is allowed to prescribe they must provide evidence of their training and competency assessment held in their portfolio at time of appraisal or new to the Trust to their line manager and a completed authorisation form (Appendix F). This evidence must be held in the employee’s professional portfolio and in their personal file.

6.8.1 The National Prescribing Centre’s Competency Framework is to be completed every three years (located on the intranet under training competencies). All non-medical prescribers are to repeat the competency assessment after long periods of practice, Maternity Leave, sickness, following prescribing incidents and when identified at appraisal by either the line manager or the employee.

6.8.2 The competency assessment should be completed and signed off by the Clinical Supervisor.

7. **EQUALITY IMPACT ASSESSMENT**

7.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

8. **COUNTER FRAUD**

8.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.
9. **MONITORING COMPLIANCE AND EFFECTIVENESS**

9.1 The Non-Medical Prescribing Group will review the spend of non-medical prescribers and will review the prescribing practice of the non-medical prescribers. The Non-Medical Prescribing Group will meet every other month.

9.2 Controlled drug prescribing will be monitored by the Medicines Management Group and any risks identified will be investigated by the Trust’s Accountable Officer for Controlled Drugs.

9.3 All Non-medical prescribing incidents will be reviewed and discussed at the Non-Medical Prescribing Group to identify trends and lessons learnt by informing the service leads. This group will also review the prescribing practice of all non-medical prescribers. Any lessons learnt or areas of risk identified will be further discussed at Medicines Management Group and disseminated to the relevant Best Practice Groups in relation to the area of practice identified.

9.4 The Medicines Incident Group will inform the Non-Medical Prescribing group of any incidents relating to non-medical prescribing practice for discussion and review.

9.5 This policy will be reviewed in three years and updated in accordance with changes in legislation with regard to medicine’s management and in accordance with safety alert information in relation to prescribing practice.

10. **RELEVANT CARE QUALITY COMMISSIONS (CQC) REGISTRATION STANDARDS**

The protocol encompasses the following outcomes of the NHS Regulations (2010) published by the Department of Health.

The standards and outcomes which inform this procedural document are as follows:

<table>
<thead>
<tr>
<th>Section</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Information and involvement</td>
<td>1  Respecting and involving people who use services</td>
</tr>
<tr>
<td></td>
<td>2  Consent to care and treatment</td>
</tr>
<tr>
<td>Personalised care, treatment</td>
<td>4  Care and welfare of people who use support services</td>
</tr>
<tr>
<td>and</td>
<td>6  Cooperating with other providers</td>
</tr>
<tr>
<td>quality and management</td>
<td>7  Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td></td>
<td>8  Cleanliness and infection control</td>
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<tr>
<td>Safeguarding and safety</td>
<td>9  Management of medicines</td>
</tr>
<tr>
<td>Suitability of staffing</td>
<td>12 Requirements relating to workers</td>
</tr>
<tr>
<td>Quality and management</td>
<td>16 Assessing and monitoring the quality of service provision</td>
</tr>
<tr>
<td></td>
<td>21 Records</td>
</tr>
</tbody>
</table>

**Relevant National Requirements**

Refer to section five
11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

11.1 References

The Human Medicines Regulations 2012
Misuse of Drugs Act 1971
The Medicinal Products: Prescription by Nurses Act 1992
Health Act 2006
The Medicines and Human Use (Prescribing) (Miscellaneous Amendments) Order of May 2006
Safer Management of Controlled Drugs: (1) Guidance on Strengthened Management Arrangements January 2007
British National Formulary
Medicines Matter: A guide to mechanisms for the prescribing, supply and administration of medicines Department of Health July 2006
Improving Patient’s Access to Medicines: Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England Department of Health April 2006
Standards of conduct, ethics and performance. General Pharmaceutical Council 2012
Standards of Proficiency for Nurse and Midwife Prescribers Nursing and Midwifery Council April 2006
Standards for Medicines Management Nursing & Midwifery Council (NMC) 2007
The Code of professional conduct: standards for conduct, performance and ethics (NMC) 2008
Guidelines for records and record keeping Nursing & Midwifery Council (NMC) 1998

11.2 Cross reference to other procedural documents

- Administration of Injections Policy
- Antimicrobial Prescribing Policy
- Antipsychotic Guidelines – Mental Health only
- Controlled Drugs Policy
- Ethical Standards and Code of Conduct Policy
- FP10 Policy
- Healthcare (Clinical) Waste Policy
- Immunisations and Vaccinations Policy
- Infection Prevention and Control Policy
- Just In Case Policy – Community Health
- Learning Development and Mandatory Training Policy
- Medicines Policy
- Patient Identification Policy
- Records Keeping and Records Management Policy
- Untoward Events Reporting Policy
All current policies and procedures are accessible in the policy section of the public website (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet.

12. **APPENDICES**

Appendix A  Model Framework for identifying new Prescribers  
Appendix B  Flow Chart for Non-Medical Prescribing Process for Somerset Partnership NHS Foundation Trust  
Appendix C  Notification Form – Joining Organisation, Change of Details, Leaving Organisation  
Appendix D  Example of Clinical Management Plan  
Appendix E  Medication Amendment Summary  
Appendix F  Authorisation Form  
Appendix G  Red Drug Pathway
Model Framework for Identifying New Prescribers

**NHS Priorities**
- Productivity
- Capacity
- Finance
- Modernisation

- Access
- Choice
- Self Management
- Public Health

**Fitter Britain - 2012**

**IDENTIFYING NEW PRESCRIBING ROLES**

- Enhancing Existing Services
  - Improving Access
    - Reducing Patient Journeys
    - Reducing delays
    - Remote services
  - Improving Patient Experience
    - Clinical Experts making decisions for themselves
    - Enhancing a profession's unique contribution

- Developing New Services
  - Designing New Services around prescribers - identifying the most appropriate professionals to prescribe after redesign
  - Redesigning existing services around new prescribing roles
    - Eg. Glaucoma services remote from traditional ophthalmologist led services

**IDENTIFYING INDIVIDUALS**

- Academic Ability
  - Level 3 study
  - Three years post registration experience (2 for pharmacists)
  - One year experience in area of proposed prescribing activity

- Clinical Skills
  - Diagnostic and clinical decision making skills
  - The ability to apply these skills to prescribing decisions
  - Potential for engaging in CPD activity to ensure competence

- Employment Issues
  - Number of people from within a team that need to prescribe in order to develop an effective service
  - Capacity of the service to release individuals for training
  - Impact of prescribing on the wider team (i.e. will the prescribing service be sustainable?)

**Designated Medical Practitioner Identified**

**ORGANISATIONAL READINESS**

- Employment Issues
  - Job Descriptions
  - Policy and Procedure
    - Lines of accountability and responsibility
    - Register of Prescribers
    - Access to Prescribing Budgets
  - Prescribing across organisational interfaces
  - Governance Arrangements
  - Communication Processes

**ORGANISATIONAL LDPS**

**ORGANISATIONAL BENEFITS**

Appendix A

Non-medical Prescribing
V4
- 24 -
July 2014
NON MEDICAL PRESCRIBING PROCESS
FOR SOMERSET PARTNERSHIP NHS FOUNDATION TRUST

Practitioner identifies need for NMP

Line Manager ensures request is in line with Business Priorities and submits request form to Director of Nursing/Lead for non-medical prescribing

All requests for NMP training are considered at Somerset Partnership NHS Foundation Trust Non-Medical Prescribing Group within two months and decision made to either
i. Support training request and go onto waiting list at the Training Department
ii. Decline request. All requests will have written confirmation of decision within 14 days of the Meeting

Training Department advise member of staff and line manager when training place is available

Practitioner completes training programme and submits PPA Amendment form to the Director of Nursing together with a copy of the NMC confirmation of prescribing status and record of prescribing qualification

Forms forwarded to the Head of Medicines Management, details entered onto Somerset Partnership database, PPA form submitted

A copy of the PPA form will be sent to the line manager and designated prescription pad order point

Line Manager to review prescribing competencies and agree any formulary exclusions with NMP before authorising prescribing on behalf of Somerset Partnership NHS Foundation Trust

Prescription Pad Ordered

Competencies prescribing activity and formulary exclusions to be reviewed on a yearly basis as part of annual appraisal by line manager

Non-medical Prescribing
V4 - 25 - July 2014
## Form for Notification of a Non-Medical Prescriber Joining a New Organisation

### Authorised signatory should complete form and send to:

nhesba.prescriptioninformation@nhs.net

<table>
<thead>
<tr>
<th>Org Name:</th>
<th>Org Code:</th>
</tr>
</thead>
</table>

### Non-Medical Prescriber Type

- Nurse/Midwife
- Optometrist
- Pharmacist
- Physiotherapist
- Podiatrist
- Radiographer

### Non-Medical Prescriber Joining Details

<table>
<thead>
<tr>
<th>NMP Code (e.g. NMC/regulatory body code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
</tr>
<tr>
<td>(Surname/initials) (max. 25 characters inc. spaces)</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>Mr ☐</td>
</tr>
<tr>
<td>Type of Qualification Held (for Nurse prescribers only)</td>
</tr>
<tr>
<td>Community Practitioner Nurse Prescriber Formulary (V100) ☐</td>
</tr>
<tr>
<td>Nurse Independent Prescriber Formulary (V300) ☐</td>
</tr>
<tr>
<td>Type of Organisation the NMP is Joining</td>
</tr>
<tr>
<td>Practice ☐</td>
</tr>
<tr>
<td>Cost Centre Code(s)</td>
</tr>
<tr>
<td>Practice Code:</td>
</tr>
<tr>
<td>CCG Cost Code:</td>
</tr>
<tr>
<td>Provider Cost Code:</td>
</tr>
<tr>
<td>Start Date</td>
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### Authorised Signatory: ...........................................  Contact Number: ................................................

Print Name: ...........................................  Date: ................................................

NB you must allow the NHS Prescription Services 3 working days to process the information before ordering prescription forms.

---

**Non-medical Prescribing**

V4  - 26 -  July 2014
Form for Notification of a Non-Medical Prescriber Joining a New Organisation

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</tr>
<tr>
<td>• NMP Name - The name and initials of the NMP. These details will show on pre-printed prescription pads (Surname max. 28 characters including spaces)</td>
</tr>
<tr>
<td>• Title - tick the correct title of the NMP</td>
</tr>
<tr>
<td>• Type of Qualification Held – tick correct qualification (for nurse prescribers only)</td>
</tr>
<tr>
<td>• Type of organisation the NMP is joining – tick correct box</td>
</tr>
<tr>
<td>• Cost Centre Code(s) – the code of the organisation the NMP is joining</td>
</tr>
<tr>
<td>• Start Date – The date the NMP joined Practice/CCG/Provider</td>
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Version 0.1
# Non-medical Prescribing

V4

July 2014

---

## Form for Notification of Change of Non-Medical Prescriber Details

*Authorised signatory should complete form and send to:*

nhsbsa.prescriptioninformation@nhs.net

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<tr>
<th>Org Name:</th>
<th>Org Code:</th>
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### Non-Medical Prescriber Type

- Nurse/Midwife
- Optometrist
- Pharmacist
- Physiotherapist
- Podiatrist
- Radiographer

### Change applicable box below

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<th>Change of Surname/Title/Initial(s)</th>
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### Existing NMP Details

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<th>Initials:</th>
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<th>NMP Name (Surname/Initials) (max. 28 characters inc. spaces)</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Sister</th>
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<th>Provider</th>
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<th>Date of Change</th>
<th>Authorised Signatory:</th>
<th>Contact Number:</th>
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<table>
<thead>
<tr>
<th>Print Name:</th>
<th>Date:</th>
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</thead>
</table>

**NB you must allow the NHS Prescription Services 3 working days to process the information before ordering prescription forms.**

For NHS Prescription Services USE ONLY

MDR Input (date & initials)
Form for Notification of Change of Non-Medical Prescriber Details

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<th>New NMP Details Column</th>
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<td>NMP Code – (e.g NMC/regulatory body code)</td>
</tr>
<tr>
<td>NMP Name - The name and initials of the NMP. These details will show on pre-printed prescription pads (Surname max. 28 characters including spaces)</td>
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</tr>
<tr>
<td>Title - tick the correct title of the NMP</td>
<td>Title - tick the correct title of the NMP</td>
</tr>
<tr>
<td>Type of Qualification Held – tick correct qualification (for nurse prescribers only)</td>
<td>Type of Qualification Held – tick correct qualification (for nurse prescribers only)</td>
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<tr>
<td>Type of organisation the NMP is linked to – tick correct box</td>
<td>Type of organisation the NMP is linked to – tick correct box</td>
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<tr>
<td>Cost Centre Code(s) – the code of the organisation the NMP is linked to</td>
<td>Cost Centre Code(s) – the code of the organisation the NMP is linked to</td>
</tr>
<tr>
<td>Start Date – The date the NMP joined Practice/CCG/Provider</td>
<td>Start Date – The date the NMP joined Practice/CCG/Provider</td>
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Form for Notification of a Non-Medical Prescriber Leaving an Organistaion

Authorised signatory should complete form and send to:

nhsbsa.prescriptioninformation@nhs.net

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## Non-Medical Prescriber Type

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- Physiotherapist
- Podiatrist
- Radiographer

## Non-Medical Prescriber Leaving Details

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<td>Mr</td>
<td>Mrs</td>
<td>Miss</td>
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<thead>
<tr>
<th>Type of Qualification Held (for Nurse prescribers only)</th>
<th>Which Type of Organisation is the NMP Leaving?</th>
<th>Practice</th>
<th>CCG</th>
<th>Provider</th>
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<tr>
<th>Cost Centre Code(s)</th>
<th>Leaving Date</th>
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</table>

Authorized Signatory: ........................................ Contact Number: ..................................................
Print Name: ...................................................... Date: .................................................................

NB you must allow the NHS Prescription Services 3 working days to process the information.

FOR NHS Prescription Services USE ONLY

MDR input (date & initials)
Form for Notification of a Non-Medical Prescriber Leaving an Organistaion

Removal of Non-Medical Prescriber Details Column

- Prescriber Code – (e.g NMC/regulatory body code)
- NMP Name - The name and initials of the NMP. These details will show on pre-printed prescription pads (Surname max. 28 characters including spaces)
- Title - tick the correct title of the NMP
- Type of Qualification Held – tick correct qualification (for nurse prescribers only)
- Type of organisation the NMP is leaving – tick correct box
- Cost Centre Code(s) – the code of the organisation the NMP is leaving
- Leaving Date – The date the NMP left the Practice/CCG/Provider
EXAMPLE OF A CLINICAL MANAGEMENT PLAN

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th>Patient medication sensitivities/allergies:</th>
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| Patient identification e.g. ID number, date of birth: |

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<tr>
<th>Independent Prescriber(s):</th>
<th>Supplementary Prescriber(s):</th>
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<th>Condition(s) to be treated</th>
<th>Aim of treatment</th>
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Medicines that may be prescribed by Supplementary Prescriber:

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Indication</th>
<th>Dose schedule</th>
<th>Specific indications for referral back to Independent Prescriber:</th>
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</table>

Guidelines or protocols supporting Clinical Management Plan

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<th>Frequency of review and monitoring by:</th>
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<tr>
<td>Supplementary prescriber</td>
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Process for reporting Adverse Reactions

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<tr>
<th>Shared record to be used by Independent Prescriber and Supplementary Prescriber:</th>
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<table>
<thead>
<tr>
<th>Agreed by independent prescriber(s)</th>
<th>Date</th>
<th>Agreed by supplementary prescriber(s)</th>
<th>Date</th>
<th>Date agreed with patient/guardian</th>
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</table>
**TEMPLATE CMP 2: for teams where the Supplementary Prescriber does not have co-terminus access to the medical record**

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<tr>
<th>Name of Patient:</th>
<th>Patient medication sensitivities/allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient identification e.g. ID number, date of birth:</td>
<td></td>
</tr>
<tr>
<td>Current medication:</td>
<td>Medical history:</td>
</tr>
<tr>
<td>Independent Prescriber(s):</td>
<td>Supplementary prescriber(s):</td>
</tr>
<tr>
<td>Contact details: [telephone/email/address]</td>
<td>Contact details: [tel/email/address]</td>
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<tr>
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**Guidelines or protocols supporting Clinical Management Plan:**

**Frequency of review and monitoring by:**

- Supplementary prescriber
- Supplementary prescriber and independent prescriber

**Process for reporting Adverse Reactions:**

**Shared record to be used by Independent Prescriber and Supplementary Prescriber:**

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<th>Agreed by independent prescriber(s):</th>
<th>Date</th>
<th>Agreed by supplementary prescriber(s):</th>
<th>Date</th>
<th>Date agreed with patient/carer</th>
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MEDICATION AMENDMENT SUMMARY – PLEASE ACTION

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The information sent in this fax is confidential and / or privileged and is only intended for the use of the addressee. If you are not the intended recipient you are notified that any use, dissemination, distribution or copying of the information contained in this fax is strictly prohibited. Please advise me immediately by telephone if you have received this fax in error and return this fax and any copies to me as soon as possible.
Individual Non-Medical Prescribing Authorisation Form

TO BE COMPLETED BY THE EMPLOYEE

Name: ........................................... NMC No: ........................................... Job Title..............

Year qualified as NMP: ..................... Base: .............................................................................

NMP Status (Comm/Supp/Indep): ........................................................................................................

NMP Qualification............... Year of Qualification........................................

Year of NMP registration: ..................

Professional indemnity organisation (strongly recommended):

..........................................................................................................................................................

Access to a Medical Prescriber (Name):

..........................................................................................................................................................

Designated Clinical Supervisor:

..........................................................................................................................................................

TO BE COMPLETED BY LINE MANAGER

Area of authorised prescribing (to list sections that apply from the BNF):

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My prescribing practice will be in line with the following:

- Medicines Trust Policy
- Controlled Drug Trust Policy
- FP10 policy Trust Policy
- Non Medical Prescribing Trust policy
- Infection Control and Prevention Trust Policy
- Antimicrobial Prescribing Trust Policy (most recent)
- Somerset Formulary
- British National Formulary (current edition)

Annual Review Date (1\textsuperscript{st} year): ...........................................(2\textsuperscript{nd} Year):.........................

Date of last Competency Assessment completed (every 3 years): .................

Signature: .............................................................................(Individual NMP)

Signature: .............................................................................(Director of Nursing & Patient Safety)

To be reviewed by Line Manager as part of annual appraisal. If amendments to the scope of practice are required, please return to NMP Group for consideration. We authorise........................................ to prescribe as above.

Clinical Supervisor ............................................. NMP ..................................................
Appendix G

Non-medical prescribing policy
V3.4

37
July 2014

PATHWAY FOR APPROVAL FOR ADMINISTRATION OF RED DRUGS

Request to administer Red Drugs

Escalate to Head of Division to ascertain if it is safe to administer and staff have the capacity to undertake this role

Yes

No

Does it require specialist skills?

Yes

No

Is clinical management plan* in place and agreed with Prescriber and GP?

Yes

No

Senior Nurse for the team to discuss with Clinical Practice team if required and confirm training and competency requirements, competent to administer

Senior Nurse for the team refers back to referrer with explanation

Head of Medicines Management

* Clinical Management Plan
- Referral Letter
- Confirmation that patient consenting and agrees to treatment plan
- Somerset Partnership Prescription sheet completed by prescriber and submitted
- Contact details of prescriber confirmed
- Drug treatment protocol supplied to include possible side effects and responding actions required
- Skills requirement confirmed
- Confirmation that GP aware and will provide primary care support
- Confirmation of drug supply by prescriber or by patient (FP10)
- Start date agreed

Document request and arrange for administering nurse to have copy of clinical management plan* to be agreed with Prescriber and GP

Senior Nurse for the Team to talk to referrer and arrange clinical management plan* to be agreed with Prescriber and GP

Head of Division advised