Non-Medical Prescribing Policy

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Version:	**V2**
Approval Date:	**11th November 2024**
Review Date:	**31st October 2027**

Document Control Sheet

Title:	NHS Shropshire, Telford and Wrekin, Non-Medical Prescribing Policy		
Placement in Organisational Structure:	Medical Directorate- Pharmacy and Medicines Optimisation.		
Approval Level:	Integrated Medicines Optimisation Committee		
Dissemination Date:	18/11/24	**Implementation Date:**	18/11/24
Method of Dissemination:	Stakeholders, STW website		

Document Amendment History

Version No.	Date	Brief Description
V1	June 2024	Revision of the Non-Medical Prescribing policy
V2	Sept 2024	Included an addendum on Guidance for Non-Medical Prescribers on authorising / actioning repeat prescriptions or acute requests for another prescriber's patients in General Practice

The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin website: Home - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

Printed copies or those saved electronically must be checked to ensure they match the current online version.

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1. Introduction

Non-Medical Prescribing In the NHS – Background and Definitions

Non-medical prescribing is the prescribing of medicines, appliances and dressings by Registered Nurses, Midwives, Health Visitors, Pharmacists, Allied Health Professionals (AHP) (Physiotherapists, Podiatrists, Paramedics, Dietitians, Radiographers) who have successfully qualified as prescribers in their field of practice/expertise.

To prescribe, the individual's professional registration must show annotation of such qualification and the individual must demonstrate up-to-date clinical competence in their intended field of prescribing.

Non-medical prescribing includes:

- Independent Prescribing.
- Supplementary Prescribing
- Community Nurse Prescribing

- Independent Prescribers may prescribe any drug for any clinical condition within their level of competence and/or any locally agreed formulary. There are restrictions around controlled and unlicensed drugs (See section 7).

- Supplementary Prescribers may only prescribe in accordance with a clinical management plan (CMP). This means that they can prescribe all medicines within the BNF for a specific disease area, according to an agreed documented plan made in partnership with the patient, Doctor, or Dentist. They may prescribe unlicensed drugs and CDs provided this is in accordance with the agreed CMP.

- Community Nurse Prescribers can only prescribe from Nurse Prescribers' Formulary (NPF) for Community Practitioners. The NPF can be accessed via e-BNF.

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 Integrated Commissioning Board (ICB), and to ensure:

- Professional and statutory obligations are met.

- Prescribing benefits patient care by improving access to medicines.
- Robust standards are in place for non-medical prescribing.
- Clarification on accountability and responsibility

2.2 The principles that underpin Non-Medical Prescribing are:

- Improve patient care without compromising patient safety.
- Make it easier for patients to get the medicines they need.
- Increase patient choice in accessing medicines.
- Make better use of the skills of health professionals.
- Contribute to the introduction of more flexible teams working within GP practices or commissioned services.

3. Scope of the Policy

This policy sets out a framework for the development and implementation of non-medical prescribing within NHS Shropshire and Telford & Wrekin Integrated Care Board, to establish a consistent approach for non-medical prescribing.

This policy applies to all registered nurses, pharmacists and other allied healthcare professionals employed by a GP practice or other provider linked to the ICB prescribing budget, who, in accordance with their job descriptions, undertake prescribing as part of their role.

This policy outlines STW ICB authorisation process required to add and maintain a non-medical prescriber employed by the practice or commissioned services to the NHS Business Services Authority (BSA) General practice cost centre.

This policy provides information and guidance for all non-medical prescribers, although some sections are specific to the type of prescriber (Community Nurse Prescriber, Supplementary Prescriber, Independent Prescriber)

This Policy does not include Patient Group Directions (PGDs). A PGD is a written instruction for the supply and administration of named medicines to a group of patients in a specific, identified clinical situation. There is separate guidance for PGDs and this can be found in the Medicines Management Commissioning Policies Medicines Management Commissioning Policies - NHS Shropshire, Telford and Wrekin (shropshiretelfordandwrekin.nhs.uk)

This policy is based on the following National and Professional documents:

- Guidance and standards from all professional and regulatory bodies

- The Royal Pharmaceutical Society Competency Framework for all Prescribers (2021) accredited by NICE.
- This policy should be read in conjunction with guidance documents from NICE, the DHSC and NHS England documents, the Prescriber's Professional or Regulatory Body Standards and all ICB policies related to medicines.

4. Responsibilities of staff involved in non-medical prescribing.

4.1 The employing practice will have overall legal responsibility for the quality of care that patients receive and for securing patient safety which will also include to:

- Ensure the practitioner has the skills and knowledge necessary to carry out the role.
- Provide accurate details of the NMP to register with the medicines management team prior to them starting in the post.
- Include an accurate summary of prescribing responsibilities in the practitioner's job description.
- Conduct an audit and review of prescribing annually, including an update of the scope of practice, usually at the appraisal, reflecting any change in clinical areas of responsibility and changing competencies.
- All independent prescribers should have clinical supervision from a fellow prescriber who they feel able to discuss their prescribing practice with.
- Support appropriate continuing professional development (CPD) - the employing practice should ensure that all non-medical prescriber have access to continuing education.

4.2 The ICB Non-Medical prescribing Lead is responsible for:

- Cascading information from the department of health (DoH) about changes relating to NMPs.
- Signing off the application for the training and development of an NMP.

4.3 The Medicines Management team at the ICB is responsible for:

- Conducting the governance process surrounding the registration and validation of the NMP employed by the practice.
- Registration with the NHSBSA and being linked to a GP practice/s.
- Maintenance of the NMP database containing registration details, date of registration, registration number, practice/s they may work in, date employment started in the practice/s, details of lead GP clinician, details of scope of competence etc.

- Monitoring of prescribing and responding to prescribing/fitness to practice request from the NHS England and Local Area Team.

5. Liability and Professional Indemnity

All NMPs should ensure they have appropriate professional indemnity by means of their membership with a professional organisation.
NMPs are accountable for all aspects of their prescribing decisions. The NMP is individually and professionally accountable for his/her prescribing decision, action and omission and cannot delegate this accountability to another person.

This accountability extends to decisions taken to recommend 'over the counter' items.

- The NMP must ensure that their prescribing activity is within their sphere of competence and nature of work, is safe, cost effective, consistent with the clinical need of the patient and in line with National and local guidance/formulary.
- The role of other people in the delivery of health care to service users must be recognised and respected.
- The NMP must recognise and deal with pressures (e.g. from the pharmaceutical industry, patients, relatives, or colleagues) that might inappropriately affect their prescribing decision and refuse to be influenced by such pressures. Any prescription must be in the best interests of the patient only. The NMP must report such pressure to the Head of Medicines Management/ Non-medical Prescribing Lead.
- All NMPs must ensure they have sufficient professional indemnity insurance. Where not covered by Employer liability. Comprehensive Professional Indemnity Insurance may be obtained from their professional organisation, trade union or insurance provider.

6. Clinical governance in prescribing

Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their service and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

Employers have a duty to ensure that those training to prescribe are supported through their training programme.

For any safeguarding or child protection concerns, please refer to ICB child protection guidelines and safeguarding children / adult policies, this will include issues identified around obtaining consent and the mental capacity act.

For any patient safety concerns or incidents please report to your line manager in the first instance and refer to the ICB incident reporting policy and guidelines.

7. What can non-medical prescribers prescribe?

7.1 Scope of practice

- All non-medical prescribers should only prescribe within their areas of competence. An 'Intention to Prescribe Scope of Practice Statement' (Appendix II) must be completed prior to start of prescribing and reviewed annually by the prescribing lead/clinical manager. The statement will list all disease areas the NMP intends to prescribe in and the evidence to support competence in these areas.

- On-going professional development must support prescribing in these areas to ensure competence is maintained.
- NMPs should review and reflect continuously on their prescribing. Clinical supervision and prescribing audit should be considered to help demonstrate on-going competency.
- The scope of practice will ensure appropriate governance is maintained and support competency development.
- NMP's must not sign routine repeat prescriptions unless the patient is known to the prescriber and the prescription items are within their scope of practice.

7.2 Types of Non-medical prescribing

7.2.1 Community Nurse Prescribing

This qualification (V100/V150) enables Community Practitioners (e.g. District Nurses, Community Nurses, Specialist Nurses, Health Visitors) to prescribe from the Nurse Prescribers' Formulary for Community Practitioners.
It is a core component of the Specialist Community Practitioner qualification for District Nursing and Health Visiting.

7.2.2 Supplementary Prescribing

Supplementary Prescribing is a voluntary partnership between a responsible medical prescriber (Doctor or Dentist) and a supplementary prescriber and the patient, to implement an agreed patient specific Clinical Management Plan (CMP).

The principal underlying the concept of supplementary prescribing (i.e. a prescribing partnership) must be explained in advance to the patient and their agreement obtained.

- Good communication between the prescribing partners is essential as is the need for access to shared patient records. It is also essential that the patient is treated as a partner in their care and is involved at all stages in decision making, including whether part of their care is delivered via supplementary prescribing.
- There are no legal restrictions or clinical conditions that may be treated under supplementary prescribing, although it is expected that supplementary prescribing is used for the management of chronic medical conditions and health needs.
- Supplementary Prescribers can prescribe any medicine, including controlled drugs and unlicensed drugs, provided they are specified in the agreed CMP.

7.2.3 Independent Prescribing

Non-medical Independent Prescribing is prescribing by a practitioner (e.g. Nurse, Pharmacist, Physiotherapist, Podiatrist or other allied health professional) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required.

- They will have successfully completed a recognised independent prescribing course and have independent prescriber annotated as a qualification on the professional register.
- The patient must agree to be in an independent prescribing arrangement and the independent prescriber must work in partnership with the patient and Doctor in charge of the patient's overall care.
- Independent prescribing is only one element of the clinical management of the patient. Patient history, drug history, allergies, clinical assessment, interpretation of that assessment, a decision on safe and appropriate therapy and a process for on-going monitoring are necessary. The independent prescriber is responsible for ensuring that all these elements are in place. Where possible the prescriber must access the full clinical record.
- A non-medical independent prescriber can only order a medicine for a patient whom he/she has assessed for care. In the event of being requested to intervene for a patient under the caseload of another prescriber, the independent prescriber must undertake their own assessment as far as possible. ***See sections 14 for guidance on remote prescribing and transcribing.***
- The non-medical independent prescriber may only prescribe according to his/her scope of practice, competence, and experience; (please see Appendix I for Scope of Practice document).
- Optometrists may only prescribe for ocular conditions affecting the eye and surrounding tissue. Optometrists are not permitted to prescribe controlled drugs (unless under a supplementary prescribing CMP arrangement and they have qualified as supplementary prescribers)

The following restrictions apply in relation to non-medical Independent Prescribing:

The non-medical independent prescriber may only prescribe within their sphere of expertise and competence, within the Local Health Economy Formulary

Off-label / off-licence medicines – Non-medical independent prescribers may prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation (so called 'off-licence' or 'off-label'). They must, however, accept professional, clinical, and legal responsibility for that prescribing, and should only prescribe 'off-label' where it is accepted clinical practice. The prescriber should explain the situation to the patient/guardian or carer, where possible, but where a patient is unable to agree to such treatment, the prescriber should act in accordance with best practice in the given situation. The prescriber must comprehensively document their reasons for prescribing such a medicine and their discussion with the patient.

Unlicensed medicines – Non-medical independent prescribers are allowed to prescribe unlicensed medicines within their competence and field of expertise when there is no licensed alternative and where it is accepted clinical practice. They will however accept full professional, clinical, and legal responsibility for the prescription. Supplementary prescribers may prescribe unlicensed medicines if they form part of a Clinical Management Plan. Again, the prescriber remains accountable and liable for unlicensed medicines prescribing and should comprehensively document their reasons for prescribing. The patient or patient's guardian should be informed, and consent obtained for the treatment.

Controlled Drugs (CDs) – Following the outcomes of the Shipman enquiry, there have been several significant changes to the rule regarding the management and use of controlled drugs. All health and social care organisations are accountable for ensuring the safe management of controlled drugs and will be subject to monitoring of controlled drug prescribing as a part of the regular prescribing review.

For guidelines on prescribing of controlled drugs, health care professionals should refer to:

- **Guidance from their respective professional bodies-controlled drugs: safe use and management**
  https://www.nice.org.uk/guidance/ng46/resources/controlled-drugs-safe-use-and-management-pdf-1837456188613

- **Part XVIIB of the Drug Tariff**

- **Department of Health guidance available on the two sites below:**

https://www.gov.uk/search/all?keywords=controlled+drugs+prescribing&order=relevance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214915/15-02-2013-controlled-drugs-regulation-information.pdf

Key points to note are:

- The quantity of any controlled drug prescribed (excluding those in schedule 5) should not exceed 28 days' supply per prescription. A new prescription is required where a patient/client has a continuing clinical need.
- You must not prescribe a controlled drug for yourself and may only prescribe a controlled drug for someone close to you if no other person with the legal right to prescribe is available and only then, if that treatment is immediately necessary to:

→ Save life.
→ Avoid significant deterioration in the patient/client's health.
→ Alleviate otherwise uncontrollable pain.

You must be able to justify your actions and document your relationship and the emergency circumstances that necessitated you prescribing a controlled drug for someone close to you.

8. Process for NMP registration and changes

8.1 Process for registering NMP – qualification and regulatory body checks

It is the responsibility of the employing practice to check the registration and qualifications of the NMP with the authorised regulatory body. Certificates providing evidence of qualifications and CPD portfolio should be requested. A sample signature of the NMP should be obtained and kept on file.

The NMP must arrange a meeting with the Medicines Management. The scope of practice form (Appendix II) and Approval to Practice/Annual Declaration form (Appendix III) should be completed by the NMP and authorised by the line manager or senior clinician of the practice *and all paperwork submitted prior to the meeting.*

8.2 Newly Qualified NMP

Following successful completion of a NMP course, receipt of notification from the relevant regulatory body and once the information has been updated on the

professional register, the following must occur before the individual undertakes prescribing.

- Practice manager must inform the Head of Medicines Management at the ICB that the individual has successfully completed the course and a meeting arranged with medicines management team prior to registration with the Business Service Authority Registration.

To be registered with the Business Service Authority and have prescribing data assigned to a particular practice / cost centre, the following process must occur:

- The medicines management team at the ICB will forward a completed Non-Medical Prescriber Joining a GP Practice or Cost Centre form to NHS BSA.

- The BSA takes 3 to 4 working days to process requests.

- All necessary information regarding the processing will be discussed with the NMP at the meeting.

8.3 Qualified NMP Newly Employed by a General Practice

The following process is required to ensure that newly appointed NMPs are registered with the NHS Business Service Authority (NHS BSA) and have prescribing data assigned to a particular practice / cost centre.

- Practice manager must inform the Head of Medicines Management at the appropriate ICB on the appointment of NMP and a meeting arranged with medicines management team prior to registration with the Business Service Authority Registration

To be registered with the Business Service Authority and have prescribing data assigned to a particular practice / cost centre, the following process must occur:

- The medicines management team at the ICB will forward a completed Non-Medical Prescriber Joining a GP Practice or Cost Centre form to NHS BSA.

- The BSA takes 3 to 4 working days to process requests.

- All necessary information regarding the processing will be discussed with the NMP at the meeting.

8.4 NMP Leaving Employment with a General Practice

The following process is required to ensure that the NHS Business Service Authority is notified when a NMP leaves employment with a General Practice.

- The practice manager must ensure they inform the Medicines Management Team at ICB promptly when an NMP leaves the employment at the practice so that they can be de-registered from the practice prescribers with NHSBSA. **This will prevent inappropriate prescription charges being made to the leaving practice**

- The Medicines Management Team will forward a completed Non-Medical Prescriber Leaving a GP Practice or Cost Centre form to NHS BSA.

- The BSA takes 3 to 4 working days to process requests.

8.5 Qualified NMP Change of Details

Change in details of non-medical prescriber: where there has been a change in the personal details of the NMP such as a change in qualifications or a name change.

- The practice manager / NMP must complete the appendix III form as appropriate and forward to the Medicines Management Team for the changes to be made. The completed Change of Non-Medical Prescriber Details form will be forwarded to the NHS BSA.

- The BSA takes 3 to 4 working days to process requests.

8.6 Annual Declaration

When requested, the practice manager must collate and return an Annual Declaration form for each of the non-medical prescribers employed by the practice. This request will come from the Medicines Management Team of the ICB.

- The NMP lead at the ICB will keep a register of NMPs currently prescribing in the ICB.

It is the responsibility of the employing practice to advise the NMP lead of any change in a NMP leaving or joining their practice.

9. Accountability of the NMP

- Ensure they provide appropriate, evidence based, safe, cost-effective prescribing to their patients/clients always in line with the local formulary
- Work in line with policies and guidelines ratified by their employing organisation including prescribing incentive schemes and prescribing dashboard
- The local guidelines available on the local health economy net furmulary should be referred to as well as use of evidence based guidance including NICE, NHS evidence and any locally approved policies
- Adhere to their professional code of conduct as set out by their own regulatory bodies and their employing / contracting organisation policy and non-medical prescribing
- Check medicines management updates including drug safety updates regularly
- Utilise prescribing software Scriptswitch.
- Accountability will also include decisions taken to recommend "over the counter" items and for the decision not to prescribe.
- The prescriber must be able to justify any action or decision not to act, taken in the course of their professional practice

The role of other persons in the delivery of health care to service users must be recognised and respected

- NMPs are required to keep accurate, legible, unambiguous, and contemporaneous records of patient care
- Act only within and not beyond the boundaries of their scope of practice
- Ensure that prescriptions are written legibly and legally
- Hold appropriate indemnity insurance
- Maintain a portfolio of their continuing professional development and identify individual training needs with the employing practice. It is the responsibility of the individual NMP to ensure they remain up to date on therapeutics in the field of their prescribing practice and on changes in national and local prescribing policy
- NMP's must be able to recognise and deal with pressures (e.g., from the pharmaceutical industry, patients, or colleagues) that might result in inappropriate prescribing (DOH April 2006) and act accordingly.

It is strongly advised that non-medical prescribers should avoid prescribing for themselves, and close family members, as a matter of good medical practice and common sense – judgement may be impaired and important clinical examination may not be possible. Further advice must be sought from the relevant regulatory body.

9.1 Issuing Prescriptions

- An independent prescriber can only issue a prescription for a patient whom they have assessed for care and should only write prescriptions on a prescription pad bearing their own unique prescriber number.
- A supplementary prescriber can only issue a prescription for a patient who has an agreed clinical management plan and should only write prescriptions on a prescription pad bearing their own unique prescriber number.

Staff qualified to prescribe should not issue prescriptions on behalf of colleagues.
Accountability for the prescription rests with the NMP who has issued the prescription.

9.2 Completing a prescription

Wherever possible prescriptions should be by Electronic Prescribing System (EPS) or computer generated. The prescription must clearly state 'prescriber type' (i.e., nurse independent prescriber/pharmacist independent prescriber) and professional registration details (NMC or GPhC registration)

Prescription forms should **not** be pre-signed before use. NMPs must ensure all details on the prescription are **clear, legible, and written in black ink.**

Details must include:

- Surname
- First name
- Date of birth (Age)
- Full address
- Name, form, and strength (if appropriate) of prescribed item
- Dosage
- Frequency
- Directions for use
- Signature and date
- Patient's practice code (FP10 only)
- Contact telephone number of prescriber
- Unused space on the prescription must be blocked out with a diagonal line.

Prescriptions for controlled drugs are subject to controlled drugs legislation.

9.3 Quantity to prescribe.

The quantity to be supplied on each prescription will be dependent on the treatment being prescribed and the agreed review time. For initiation of treatment intended for long term use NMPs should prescribe a maximum of one month's treatment. If treatment is to be continued long term the quantity should be synchronised with existing treatment.(See ICB's Guide to Repeat Prescribing)

10. Prescription Security

The safe management of prescriptions is a fundamental aspect of prescribing and professional practice. Standards for prescription security have been set by the NHS Counter Fraud Authority *(Management and Control of Prescription Forms, a guide for prescribers and health organisations March 2018 Version 1.0).* All NMPs must adhere to these standards.

Staff not exercising due diligence in prescription security render themselves liable to disciplinary action.

The NMP can only prescribe medicines on a prescription pad bearing his/her own unique prescribing code (this is currently the Nurse's NMC PIN number, HCPC registration number or Pharmacist's GPhC number), on a prescription designated for departmental use or via EMIS using their personal identifier number. The NMP **MUST NEVER** use a prescription pad or EMIS number belonging to another prescriber or allow their prescriptions to be used by someone else.

Prescription pads must be kept in a secure, locked cupboard or safe, access to which is restricted. If a departmental safe/cupboard is used access should be restricted. A record of all prescriptions kept within must be maintained, with a signing in/out system in operation.

Prescription pads must never be left unsecured or unattended; this includes not leaving prescriptions in a car/vehicle that is unattended. Patients, temporary staff, and visitors should never be left alone with prescription forms.

The NMP must always ensure the security of prescription pads. Only one pad should be in use at a time and the NMP must, at the end of the working day, make a separate record of the serial number of the prescription at the top of the pad i.e. the first remaining prescription form. This will facilitate early detection of any prescription(s) that may be stolen.

10.1 Electronic Prescriptions System (EPS):

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

- Prescriptions that are electronically sent to the NHS spine for access by the dispensing pharmacy, must be authorised by the prescriber. Authorisation is represented by the prescriber's electronic signature.
- The signature must only be known to the prescriber and not be used by any other person than the authoriser who is also the prescriber.
- The practice area must have a robust protocol for the electronic issue of prescriptions including repeat dispensing which meets clinical governance and risk management practices.

10.2 Computer Generated Prescriptions:

All non-Medical prescribers must work to the standards set by their professional bodies. Therefore, non-medical prescribers can prescribe via computer-generated prescriptions providing the necessary software is available.

- A visible audit trail of your prescribing actions must be maintained.
- You must never tamper with existing prescriber's details on a prescription or add your own prescribing details, whether that be handwritten or by stamp
- Prescriptions should always be signed immediately.
- Prescriptions must never be written or printed-off and signed in advance, and then stored for future use.

10.3 Lost or Stolen Prescriptions

The Administrator responsible for receipt and collection of prescription forms must always ensure that prescriptions are securely stored and there is an up-to-date record, including the serial numbers, of prescription forms. This will help prevent theft/loss of prescriptions and allow Security Services and Pharmacies to identify bogus prescriptions. Please see FP10 policy.

Any loss or theft of prescriptions must be reported immediately to their line manager, the NMP lead and the dedicated anti-fraud specialist.

ICB nominated Local Counter Fraud Specialist is:

Paul Westwood Mobile: 07545 5024

Secure email: pwestwood@nhs.net **Daily email**: paul.westwood@cwaudit.org.uk

The loss or theft of prescriptions is a serious matter which can pose a risk to the public and must be reported immediately so that action can be taken to prevent their illegal use. All loss or theft will be subject to investigation. If such investigation reveals that the NMP breached this policy and best practice, disciplinary action may be taken.

11. Gifts, benefits, and Representatives from Pharmaceutical industry

The advertising and promotion of medicines is strictly regulated. The NMP must make their choice of medicine based on clinical suitability, evidence, cost effectiveness and in accordance with the ICB policies and any locally agreed formularies. Any complaints about promotional practices should be referred to the Medicines Management Team for guidance.

- NMPs should not meet with Representatives from the Pharmaceutical Industry unless this is to discuss essential updates on medicines or products which are already on the ICB's formulary/any agreed local formularies. If information about new drugs is being promoted, the NMP must refer the Representative to the ICB's Medicines Management Team. Under no circumstances should the NMP agree to prescribe or purchase medication. If in doubt, the NMP must contact the Head of Medicines Management who has access to unbiased, high quality medicines information and can pass on information from the pharmaceutical industry if necessary.
- NMPs wishing to use new drugs that are not on their local formulary must first discuss the appropriateness of this with the ICB's Medicines Management Team who will guide them on how to make an application to the Integrated Medicines Optimisation Committee.
- NMPs must not accept or use free samples or starter packs. Representatives wishing to provide free samples or starter packs must be referred to the Medicines Management Team.
- NMPs are referred to their Regulatory Body's Professional Code and to STW Policy in relation to the accepting of gifts. NMPs must ensure that a gift may not be construed as inducement, favour, or conflict of interest.

12. Adverse Reaction Reporting – MHRA Yellow Card Scheme

If a patient suffers a suspected adverse reaction to a prescription only medicine (POM), over the counter (GSL), pharmacy only (P) or herbal medicine, it should be, reported via the Yellow Card Scheme.

Adverse drug reactions can be reported using Electronic Yellow Card Scheme. This is available on the MCA website https://yellowcard.mhra.gov.uk/

- Yellow cards are situated in the rear of the BNF.

- The MHRA and Commission on Human Medicines (CHM) encourage the reporting of All suspected adverse drug reactions to newly licensed medicines that are under intensive monitoring. These drugs are indicated by the following symbol ▼ in the product information and in the BNF.
- The MHRA and CHM encourage the reporting of all serious suspected adverse drug reactions to all other established drugs. (Serious equates to reactions that are fatal, life threatening, disabling, incapacitating or result in prolonged hospitalisation and / or are medically significant).
- All supplementary non-medical prescribers should notify the independent prescriber (Doctor or Dentist) accordingly and follow local policy regarding incident reporting.
- Any adverse event must be recorded in the patient record, local policy regarding Incidents must be followed up and the GP/responsible clinician made aware.

13. Incident Reporting

All NMPs should report any episode whereby a patient has been caused harm or could have been caused harm (near miss) due to an adverse incident involving medicines. This should be reported using both local and national reporting systems.

STW Reporting link:
MLCSU Insight (midlandsandlancashirecsu.nhs.uk)

14. Remote Prescribing

It is recognised that care is delivered in a range of geographical locations. The Prescriber may be asked to prescribe medication remotely.

Prescribing usually follows a face-to-face consultation between a patient and NMP, and includes an assessment of the patient prior to the NMP making a prescribing decision with that patient.

There will be instances where it is in the best interests of a patient, whose prescribing has already been initiated within an established system of care, for an NMP to apply their knowledge, skill, and competence, and prescribe for someone they have not personally seen, to ensure safe continuity of care. **Such decision to prescribe would be informed by the NMP's knowledge of a comprehensive assessment(s) and clinical review and the governance.**

The decision to prescribe will follow a discussion with the referrer who must be competent in assessment and a review of the clinical record. The NMP can then consider all relevant clinical information and be in a position to make an appropriate clinical judgement on prescribing in the case in question. In these circumstances the NMP must satisfy themselves that they:

- have assessed all appropriate information in order to prescribe safely.
- feel competent and confident to prescribe in this situation, and within the established system of care and clinical governance.

Remote prescribing is only appropriate for some drugs and treatments, and for some patients. The NMP must ensure that she/he can make an adequate assessment (including access to the patient's record), that there is sufficient justification to prescribe the medicine/treatment proposed and she/he has considered the limitations of electronic communication (phone, internet, Skype etc) when consulting and prescribing remotely.

If prescribing for a patient in a care or nursing home or hospice, the NMP should communicate with the patient (or, if that is not practicable, the person caring for them) to make the assessment and to provide the necessary information and advice. The NMP must make sure that any instructions, for example for administration or monitoring the patient's condition, are understood and send written confirmation as soon as possible.
Only when the NMP has adequate knowledge of the patient's health, and is satisfied that the medicines serve the patient's needs, may she/he prescribe remotely.

- A remote consultation/prescription, whether by phone, email or web, forms part of the patient's record and should be stored securely.
- The legal responsibility for prescribing lies with the person who signs the prescription, and it is this person who will be held to account should something go wrong. This responsibility is the same whether it is a first or repeat prescription.
- If prescribing on the recommendation of another healthcare professional who does not have prescribing rights, the NMP must be satisfied that the prescription is appropriate for the patient concerned. This applies equally to repeat prescriptions.
- In the Primary Care setting, the prescriber may receive a written request from a Specialist/Hospital service to issue a prescription. The NMP must ensure that the request aligns with product information in the BNF, and monitoring requirements are in place.

Guidance for Non-Medical Prescribers on authorising / actioning repeat prescriptions or acute requests for another prescriber's patients in General Practice

Background

Occasionally, non-medical prescribers may be involved in authorising or actioning repeat prescriptions or acute requests for another prescriber's patients. In these circumstances it is important that a non-medical prescriber uses their accumulated knowledge and experience, and critical reasoning to make an informed professional decision. It is also important that non-medical prescribers consider the law, ethical considerations and are aware of/understand what their professional body standards/guidance states.

This document sets out what non-medical prescribers should consider prior to authorising or actioning repeat prescriptions or acute requests for another prescriber's patients, and highlights what the guidance says around repeat prescribing.

Remember: Non-medical prescribers are responsible and accountable for the assessment of people with undiagnosed or diagnosed conditions, and for decisions about the clinical management required, including prescribing. They are also responsible for practising within their scope and competence, including delegating where appropriate, seeking support when required, and using their acquired knowledge, skills and professional judgement (Royal Pharmaceutical Society, Prescribing ethics, June 2023).

Steps to support general decision making:

The Royal Pharmaceutical Society have set out some simple steps that can support non-medical prescribers when considering the best course of action, these have been summarised below:

Step 1: Identify any ethical or professional issues.
Step 2: Gather all the relevant information and research the problem i.e. obtain the relevant facts, knowledge, law, standards, guidance and advice.

Step 3: Identify all the possible solutions and gather further relevant information appropriate. Ensure the solutions are in the best interest of the patient and ensure any personal interests, organisational goals, incentives/targets are managed appropriately.

When identifying the solutions consider the following:

- → Is it person-centred?
- → Is it safe for the patient?
- → Are you compliant with legal, regulatory, and professional obligations?
- → Are you working in line with local/practice Standard Operating Procedures (SOPs)/protocols/policies?

Step 4: Weigh up the benefits and risks, advantages, and disadvantages of each of the options.
Step 5: Choose an option, ensuring that you can justify the decision.
Step 6: Make a record of the decision-making process.

Points to consider when authorising repeat prescriptions or acute requests for another prescriber's patients.

When a repeat prescription is first authorised i.e. decision for a drug to be put on repeat, the decision to do so should involve deciding and agreeing with the patient that a repeat prescription is appropriate, that the medication is indicated and effective, required and well tolerated, and the patient's condition is stable enough to warrant the issue of a prescription without a face-to-face consultation for a determined period. At this point it should be clearly documented in the patient's notes why the drug was started in the first place, when the drug needs to be reviewed and number of repeats allowed before review is needed.

To aid concordance, patients and /or their carer should be involved and informed about how long they can reorder the medication without having to consult a prescriber. The need for any necessary monitoring, and frequency of this, should also be explained, agreed on and documented.

Reflection points:

- Are you taking a person-centred and safe approach?
- Do you have a personal formulary of medicines you prescribe?

Is the prescription you are authorising/actioning for a medicine that is in your personal formulary?

- Do you have a protocol in place that includes when to refer a patient to another healthcare professional?
- Has the practice considered electronic repeat dispensing?
- Does the patient require an assessment by yourself or another healthcare professional prior to authorising the prescription?
- Have you checked if there have been any changes in the patient's medical history or medicine(s), and are they taking the medicine(s) as prescribed?
- Do you have access to the patient's clinical records, and are you able to document and justify your reasons for prescribing?
- Does the practice have a repeat prescribing policy in place? And are you working in line with local policy/guidelines/SOPs?

Additional points to consider when signing repeat medicines that fall under shared care.

Where Amber shared care drugs have been prescribed ensure:

- → There is a shared care agreement/guideline in place and recorded in the patient notes.
- → All monitoring is up to date and in line with the relevant shared care agreement/guideline**.**

Reflection points:

Reflect on your prescribing of amber shared care drugs and on your competency to exercise your share of clinical responsibility. Consider the following points:

- Are you keeping yourself informed about the shared care medicine(s) that you prescribe?
- Are you able to recognise the serious and frequently occurring adverse side effects?
- Are you making sure appropriate clinical monitoring arrangements are in place and that the patient understands them?
- Are you keeping up to date with relevant guidance on the use of the shared care medicine(s) and on the management of the patient's condition?
- Have you read and understood the contents/requirements in the relevant shared care protocol/guidance?

Prescribing within your scope/competencies:
Non-medical prescribers should only ever prescribe within their level of experience and competence.

Non-medical prescribers are responsible and accountable for each prescription they sign. Therefore, they should be familiar with the patient and their condition, and the medication required.
Professional regulatory body standards (Nursing and Midwifery Council (NMC), General Pharmaceutical Council (GPhC), Health and Care Professions Council (HCPC), General Optical Council (GOC) etc.) require professionals to work within their scope of practice.

The scope of a prescriber's clinical practice defines the current extent of their competencies. Knowing where these are is a vital component of risk management. These competencies should be 'sense checked' with an appropriate clinical supervisor/mentor at the place of work.
Note: competency will increase over time after formal training or experience.

The Royal Pharmaceutical Society: A Competency Framework for all Prescribers states that all prescribers should only prescribe within their own scope of practice. The Nursing and Midwifery Code states at section 18.1 that those suitably qualified must only prescribe, advise on, or provide medicines or treatment, including repeat prescriptions if you have enough knowledge of that person's health and are satisfied that the medicines or treatment serve that person's health needs.

General Medical Council guidance on good practice in prescribing and managing medicines and devices says: "You are responsible for the prescriptions you sign. You are also accountable for your decisions and actions when supplying or administering medicines and devices, and when authorising or instructing others to do so. You must only prescribe medicine when you have adequate knowledge of your patient's health."

The General Pharmaceutical Council's (GPhC's) In practice: Guidance for pharmacist prescribers advises: "Pharmacist prescribers must prescribe only within the limits of their knowledge, skills and area of competence." They should also: "make prescribing decisions based on the needs of the person and not because of commercial interests or pressure from people, colleagues, employers or pharmaceutical companies."

Reflection points:

• Can you demonstrate competency and confidence in the medicines and conditions you are prescribing for?
• Do you have knowledge in the clinical areas, or the medicines and evidence-based options you are prescribing?
• Do you know what monitoring and review is required? Do you have access to the relevant investigations/test results?
• Do you know what the red flags are and when to refer?
• Have you checked your activities are covered by your indemnity provider – employer and/or individual? Are your activities clearly defined in your job description?

You may want to speak to your employer about their expectations of you and your job role and responsibilities.
To support your clinical practice ensure you:

- → Openly discuss your scope and competency with your employer and the current skills you bring to the team.
- → If you're not comfortable signing repeat prescriptions without first reviewing the person, relay your concerns to your employer(s) and discuss why you feel your skillset may not be best suited to this role.

And remember, you could discuss how to achieve this in the future, perhaps by constructing a training plan or work shadowing to increase your competency.

Acknowledgment: This addendum, *Guidance for Non-Medical Prescribers on Authorising/Actioning Repeat Prescriptions or Acute Requests for Another Prescriber's Patients in General Practice*, was adapted from the Lancashire and South Cumbria ICB.

Appendix I: Standard Operating procedure (SOP) for registering a NMP.

Process	Complete?
Service lead confirms request in writing to give access to prescribing budget and accepts responsibility for verifying HR processes including qualifications for candidate. Manager/employer to ensure IP role is part of job description	
Practitioner attends meeting with NMP Lead at the ICB, checks include: • Work photo ID • Statement of Entry from NMC/GPhC or authorising body • Specimen signature • Completed scope of practice • Details of work base and contact details	
Medicines Management Meeting with NMP. Confirm professional status. Notification to NHSBSA for account activation https://www.nhsbsa.nhs.uk/sicbls-icbs-and-other-providers/organisation-and-prescriber-changes/sub-icb-locations	
Record Scope of Practice on NMP Dashboard	
Inform the Medicines Management Team of any changes to employment/NMP leaving the organisation, prescribing etc. Need to follow Shropshire, Telford and Wrekin prescribing policies if accessing Primary Care Budget.	

Appendix II:

Intention to Prescribe: Scope of Practice Agreement

To be completed by all non-medical prescribers (independent and supplementary) working in GP practices

Name:			
Date:			
Job title:			
Base /Practice:			
Professional registration Number and Expiry Date:			
Date Prescribing Qualification is held:			
Disease area to be prescribed for and types of medicines to be prescribed	**Evidence of competence to prescribe in this area**	**Recent CPD supporting prescribing in this area: (include dates)**	**Please state guidelines or attach protocols worked to**

How do you intend to audit your prescribing?		
Do you receive clinical supervision? If 'YES', please give details type/frequency etc		
Prescribing CPD Requirements		
Area of CPD identified e.g. *Prescribing for the elderly, electronic prescribing*	How you are going to address this e.g. through training, shadowing supervised practice	Date this CPD needs to be met

My intended scope of practice has been discussed with the practice GP prescribing lead/clinical manager.

Independent/Supplementary Prescribers signature: ……

GP Lead/ Clinical Manager's name……

Signature……

Please forward a copy of the completed document to the Medicines Management Team at stw.motqueries@nhs.net

Appendix III. Non-Medical Prescribers- Approval to Practice /Annual Declaration

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: Please tick the box appropriate		**Nurse Independent Prescriber**		
NEW APPLICATION		**Pharmacist Independent Prescriber**		
UPDATE: Change in Details		**Other Allied Healthcare Professional**		**Specify role:**
ANNUAL DECLARATION				
Prescriber's name:			**Title**	**Mr/Mrs/Miss/Ms**
Professional Registration Number			**Job Title**	
GP Practice or Base Name			**Specimen Signature**	
Date started at current Practice			**Practice Code(s)**	
Contact Email address			**Mentor/Lead Name**	
Do you work as a prescriber in another provider/Practice?	**Yes / No**		**Mentor/Lead Signature**	
FOR ICB INTERNAL CHECK			**Date**	
Verified by NMP Lead			**Signature**	