

## NON MEDICAL PRESCRIBING POLICY

(Replaces Policy No. TP/CL/028 V3.1)

POLICY NUMBER	TP/CL/028
POLICY VERSION	V3.2
RATIFYING COMMITTEE	Professional Policy Forum
DATE RATIFIED	30 May 2018
DATE OF NEXT REVIEW	01 <sup>st</sup> May 2022
DATE OF EQUALITY & HUMAN RIGHTS IMPACT ASSESSMENT (EHRIA)	TBC
EXECUTIVE SPONSOR	Chief Medical Director
POLICY AUTHORS	Deputy Chief Nurse-Physical Health, Safeguarding, Non Medical Prescribing Lead. Chief Pharmacist (Governance), Non-Medical Prescribing Pharmacy Lead. Pharmacy Team Manager

**If you require this document in another format such as large print, audio or other community language please contact the Corporate Governance Office on Tel: 0300 304 1195 or email: [policies@sussexpartnership.nhs.uk](mailto:policies@sussexpartnership.nhs.uk)**

This policy covers:

- Non-Medical Prescribing NMP
- Patient Forum Directions
- Good Prescribing Practice

# CONTENTS

	Page
<b>1.0 Introduction</b>	<b>4</b>
1.1 Purpose of procedure	
1.2 Definitions	
1.3 Scope of procedure	
1.4 Principles of prescribing that apply to both supplementary and independent prescribing	
<ul style="list-style-type: none"><li>• National guidelines</li><li>• Consent</li><li>• Incapacity, consent issues and medication</li><li>• Children and Younger People patients and consent</li><li>• Patients being treated under the Mental Health Act</li><li>• Referral to a medical practitioner</li><li>• Unlicensed drugs (products without a valid marketing licence in the UK)</li><li>• Limitations of prescribing</li><li>• Repeat prescriptions</li><li>• Transcribing</li><li>• Difference between non-medical prescribing and patient forum directions (PGDs)</li></ul>	
<b>2.0 Procedure Statement</b>	<b>9</b>
<b>3.0 Duties</b>	<b>10</b>
3.1 The designated medical practitioner	
3.2 The non-medical prescriber	
<b>4.0 Procedure</b>	<b>12</b>
4.1 Training for supplementary and independent non-medical prescribing	
4.2 Process once qualified	
<ul style="list-style-type: none"><li>• The administration process</li><li>• Supplementary Prescribing assessments</li><li>• Independent Prescribing assessments</li></ul>	
4.3 Continuing professional development (CPD) and supervision for non-medical prescribers	
<ul style="list-style-type: none"><li>• Non-medical prescribing forum</li><li>• Clinical supervision</li></ul>	
4.4 Good prescribing practice	
<ul style="list-style-type: none"><li>• Writing the prescription</li><li>• Adverse drug reactions</li><li>• Monitoring of prescribing</li><li>• Security and safe handling of prescription pads</li><li>• Loss or suspected theft of prescription pads</li></ul>	

- BNFs, NPFs and Drug Tariffs
- Relationships with the pharmaceutical industry

#### 4.5 Dispensing of prescriptions

- Direction of prescriptions

#### 4.6 Prescribing for family or friends

#### 4.7 Accountability

#### 4.8 Record keeping

<b>5.0 Development, consultation and ratification</b>	<b>18</b>
<b>6.0 Equality and Human Rights Impact Assessment (EHRIA)</b>	<b>18</b>
<b>7.0 Monitoring Compliance</b>	<b>18</b>
<b>8.0 Dissemination and Implementation of procedure</b>	<b>19</b>
<b>9.0 Document Control including Archive Arrangements</b>	<b>19</b>
<b>10.0 Reference documents</b>	<b>20</b>
<b>11.0 Bibliography</b>	<b>20</b>
<b>12.0 Cross references</b>	<b>21</b>
<b>13.0 Appendices</b>	<b>21</b>
1. Clinical management plan template (with acknowledgement and thanks to University of Brighton)	
2. Intent to prescribe form	
3. Children and Young Peoples Mental Health Services protocol	
4. Adults Mental Health Services Protocol	
5. Older Peoples Mental Health Services Protocol	
6. Information leaflet for patients and carers	
7. An option appraisal of present and future methods of prescribing, administering or supplying medicines by nurses	
8. Process once qualified	
9. Good prescribing practice: writing the prescription.	
10. Non-medical prescriber's eligibility for BNFs and NPFs	
11. Contact details	
12. Process for an Application to become a Non-Medical Prescriber	
13. Supervision templates	

## 1.0 Introduction

This policy has been produced to support the development, governance arrangements and integration of non-medical prescribing throughout Sussex Partnership NHS Foundation Trust. It is government policy (Department of Health, 2006) to extend prescribing responsibilities to non-medical prescribers in order to:

- Improve patient care without compromising patient safety
- Make it easier and quicker for patients to get the medicines they need
- Increase patients choice in accessing medicines
- Make better use of the skills of health professionals & contribute to the introduction of more flexible team working across the NHS

In April 2012, changes in legislation enabled independent nurse and pharmacist prescribers to prescribe from the entire British National Formulary with the exception of some Controlled Drugs within the prescriber's sphere of competence (Home Office, 2012).

### 1.1 Purpose of procedure

The purpose of this procedure is to give non-medical prescribers guidance, information and advice on; good practice, training, local processes once qualified, accountability, record keeping, audit and the security and safe handling of medicines.

### 1.2 Definitions

#### **Non-medical Supplementary Prescribing (SP)**

The Department of Health (DH) defines supplementary prescribing (SP) as 'a voluntary partnership between the responsible independent prescriber (a doctor or dentist) and a supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement'. (DH 2003).

Key features that underpin supplementary prescribing emphasise:

- the importance of good communication between the prescribing partners
- the need for pre-diagnosis of the condition by a medical practitioner
- the need for access to shared patients' records
- the need to ensure patients are treated as a partner in their care and are involved at all stages in the decision making, including whether part of their care is delivered via supplementary prescribing or not (i.e. this partnership is voluntary)

Supplementary prescribing was introduced to support, not replace, multidisciplinary care. It is intended to provide patients' with more efficient access to medicines, making the best use of the skills of trained nurses and pharmacists and thereby optimizing benefits for patients through flexible use of clinical skills. However, it is expected that supplementary prescribing would normally be used for the management of chronic conditions or in those areas that involve prescribing of controlled drugs that are required outside of the limitations set for independent non-medical prescribing.

In practice the use of supplementary prescribing will follow a sequence involving:

- diagnosis of the clinical condition by a medical practitioner
- agreement by the patient to be managed by a prescribing partnership
- preparation and approval of a Clinical Management Plan (CMP) between the medical practitioner, the supplementary prescriber and the patient (See Appendix 1)

- management by the supplementary prescriber within the terms of the CMP and in accordance with the Care Programme Approach (CPA) where this is in operation, with full documentation being made in the patients' healthcare records
- Regular clinical review of the arrangement and assessment of the patient by the medical practitioner, where the frequency of review must be agreed by all parties in the partnership and documented in the CMP (and in accordance with CPA where this is in operation). This will normally be at least annually, although in many cases it will likely be more often than this, particularly if significant changes occur, but may occasionally be less if the patient's condition is very stable

Medicines defined within a CMP must be prescribed within the scope of the Trust approved formulary and treatment guidance. Once the CMP has been drawn up and agreed by the medical practitioner and supplementary prescriber, and the arrangement endorsed by the consenting patients, the CMP enables the supplementary prescriber to manage the treatment of individual patient, including prescribing, within the identified parameters. The specific CMP document relates to individual patients.

Items which may be prescribed by a supplementary prescriber are:

- All General Sales List (GSL) medicines, Pharmacy (P) medicines, appliances and devices prescribable by medical practitioners
- Foods and other borderline substances approved by the Advisory Committee on Borderline Substances (ACBS)
- All Prescription Only Medicines (POMs) with the exception of some Controlled Drugs
- Medicines for use outside of their licensed indications (i.e. 'off label' prescribing), 'black triangle' drugs, and drugs marked 'less suitable for prescribing' in the British National Formulary (BNF), but only if supported by clear national and Trust approved local guidance.
- Unlicensed drugs provided they are part of a clinical trial that has a clinical trial certificate or exemption (see section 1.4.7)
- Controlled drugs in Sections 2, 3, 4 and 5 of the Misuse of Drugs Act, but only by nurses and pharmacists, not by other healthcare professionals. (Not including diamorphine, dipipanone or cocaine when being used for the treatment of addiction)

The non-medical supplementary prescriber must practise in accordance with the Trust approved protocols written to support non-medical prescribing, relevant to their area of clinical practice (see Appendix 3).

### **Non-medical Independent Prescribing (IP)**

The Department of Health's working definition of independent prescribing is 'prescribing by a practitioner (e.g. doctor, dentist, nurse, pharmacist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.' Within medicines legislation the term used is 'appropriate practitioner.'

In partnership with the patient, independent prescribing is one element of the clinical management of a patient. It requires an initial patient assessment, interpretation of that assessment, a decision on safe and appropriate therapy, and a process for ongoing monitoring. The independent prescriber is responsible and accountable for this element of the patient's care. Prescribing should ideally be carried out in the context of practice within a multidisciplinary team and with a single, accessible healthcare record.

The aims of non-medical independent prescribing are to:

- improve patient care without compromising their 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 team working

There are no legal restrictions on the clinical conditions that may be treated and non-medical independent prescribers may legally formulate a diagnosis and subsequently prescribe.

Within the Trust however, clinical areas of practice must be defined and agreed between the designated medical practitioner (Consultant, Locum Consultant, Associate Specialist, Staff Grade or Lead GP) using the 'intent to prescribe' form (see Appendix 2) prior to any prescribing taking place by the non-medical independent or supplementary prescriber. This must be completed separately for independent prescribing, even if it has previously been agreed for the individual for the purpose of supplementary prescribing. This form, which should be reviewed annually, must be signed and dated by the medical practitioner and the non-medical prescriber with a copy sent to the Trust's Non-Medical Prescribing Lead. The Non-Medical Prescribing Lead must then sign and date the form and return a copy to the non-medical prescriber to acknowledge that it has been approved.

For independent prescribing, the form must specify any areas where the non-medical prescriber has been deemed competent to diagnose and may therefore prescribe without a diagnosis from a medical practitioner. Outside of these areas, the clinical condition must be diagnosed by a medical practitioner, however prescribing for this condition may then subsequently be managed by the non-medical independent prescriber without the use of a CMP.

It is expected that independent non-medical prescribing will be used for acute and chronic conditions, however it is more likely that chronic conditions would be pre-diagnosed by a medical practitioner. Any clinical condition where the non-medical independent prescriber has made a diagnosis must be discussed with a medical practitioner within 72 hours of the assessment, with documentation of the outcome made in the patient's healthcare notes. This may require liaison with the on-call medical team over long bank holiday weekends.

Items which may be prescribed by an independent prescriber are:

- All General Sales List (GSL) medicines, Pharmacy (P) medicines, appliances and devices prescribable by medical practitioners
- Foods and other borderline substances approved by the Advisory Committee on Borderline Substances (ACBS)
- All Prescription Only Medicines (POMs), with the exception of some Controlled Drugs; (diamorphine, dipipanone and cocaine)
- Medicines for use outside of their licensed indications (i.e. 'off label' prescribing), 'black triangle' drugs, and drugs marked 'less suitable for prescribing' in the BNF, but **only** if supported by clear national and Trust approved local guidance
- Controlled drugs in Sections 2, 3, 4 and 5 of the Misuse of Drugs Act, but only by nurses and pharmacists, not by other healthcare professionals. (Not including diamorphine, dipipanone or cocaine when being used for the treatment of addiction)

The non-medical independent prescriber must practise in accordance with the Trust approved protocols written to support non-medical prescribing, relevant to their area of clinical practice (see Appendix 3).

### 1.3 Scope of procedure

This document sets out the procedure requirements for non-medical prescribing for all eligible staff working in the Sussex Partnership NHS Foundation Trust.

The Trust supports the development of non-medical prescribing within the framework of New Ways of Working. This area of practice will provide greater accessibility and immediacy of appropriate treatment for patients.

### 1.4 Principles of prescribing that apply to both SP and IP

#### 1.4.1 National guidelines

Prescribers must adhere to all national guidelines, for example, NPC/NIMHE/DH (2005), NICE clinical guidelines and technology appraisals guidance etc, and local prescribing guidelines and policies, and keep their knowledge and practice up to date. Prescribers must also follow NICE guidance the seven principles of prescribing, which are:

- Examine the holistic needs of the patients – eg. Is a prescription necessary?
- Consider the appropriate strategy
- Consider the choice of product
- Negotiate a 'contract' and achieve concordance with the patients
- Review the patients on a regular basis
- Ensure record keeping is both accurate and up to date
- Reflect on your prescribing

#### 1.4.2 Consent

The medical practitioner and non-medical prescriber must ensure that every attempt is made to gain informed consent and once given that this is sufficient, unless the individual rescinds it. The consent must be gained with patients fully understanding of what they are consenting to. The information must be presented in an accessible manner/format or language. If the individual subsequently loses the ability to give consent a best interest decision should be made by the non-medical prescriber and medical practitioner, with subsequent documentation, on whether prescribing by a non-medical prescriber should be continued or devolved back to the medical practitioner. An information leaflet that explains non-medical prescribing to patients and carers is available (see Appendix 4). The non-medical prescriber must also have successfully completed the Trust's Mental Capacity Act training for prescribers before they begin prescribing. Documentation of patients consent must be made in their healthcare records.

#### 1.4.3 Incapacity, consent issues and medication

If a patient lacks capacity and is unable to give consent, the law does not allow a patient's relative to consent to treatment, or a carer to provide such consent on their behalf. (See 1.4.4 re: Children and Younger Peoples Services, ChYPS, below). In this instance, the medical practitioner may apply the doctrine of necessity and take sole responsibility (after consulting with the patients relatives for their views) for treating the patients according to their best interests i.e. this role must not be undertaken by a non-medical prescriber.

#### 1.4.4 ChYPS patients and consent

Under common law, a person with parental responsibility for a young person is generally able to consent to the young person receiving care or medical treatment where they lack capacity. They must act in the young person's best interest (Mental Capacity Act 2005, Code of Practice).

#### 1.4.5 Patients being treated under the Mental Health Act (MHA)

Where the patient is detained under the MHA, the procedure for prescribing treatment for both physical and mental health disorders is the same as for patients who are not detained. However, Consent to Treatment conditions under the Act still apply with regard to treatments for mental health disorders and therefore only the Clinician in Charge of psychiatric treatment and/or the Second Opinion Appointed Doctor (SOAD) may legally complete the statutory documentation related to treatment, ie. Forms T1, T2, T3, T4, T5, T6 and CTO11. Completion of these forms may **not** be undertaken by the non-medical prescriber.

Once the relevant Consent to Treatment form has been completed, non-medical prescribing (by a NMP nurse or pharmacist) may take place in the usual way but will be subject to the stated conditions. All prescribed medication must remain compliant with the types, routes and dose or dosage range specified on the statutory documentation.

#### 1.4.6 Referral to a medical practitioner

The non-medical prescriber and their designated medical practitioner must reach an agreement about the limitations of the non-medical prescriber's role prior to the intent to prescribe form being completed. If a non-medical prescriber subsequently feels a situation is outside of their clinical competence and expertise, they must refer to the medical practitioner for advice and support. This may include passing prescribing responsibility back to the medical practitioner.

#### 1.4.7 Unlicensed drugs (products without a valid marketing licence in the UK)

The prescribing of unlicensed drugs by non-medical prescribers can only occur in a supplementary prescribing capacity, if they are part of a clinical trial that has a clinical trial certificate or exemption. The SP must be aware of the high risk nature of these medicines and the specific monitoring requirements to support their safe and effective use. The medicines must be clearly specified in the intent to prescribe form, detailed in the CMP and agreed with the designated medical practitioner prior to their prescribing by non-medical supplementary prescribers.

It should be noted that unlicensed drugs as detailed above are products without a licence in the UK. Medicines that are licensed for use in the UK but are being used outside of their licensed indications (i.e. 'off label' prescribing), may be prescribed by both SP and IP non-medical prescribers, only if their use is supported by clear national and Trust guidance.

#### 1.4.8 Limitations of prescribing

Non-medical prescribers must ensure that the patients are aware of the scope and limits of their prescribing and how they may obtain other items necessary for their care.

#### 1.4.9 Repeat prescriptions

Non-medical prescribers may prescribe a maximum of one calendar month's treatment on each prescription. Any patient who requires long-term treatments should be reassessed either after six repeat prescriptions or a period of six months.

#### 1.4.10 Transcribing

Non-medical prescribers cannot issue prescriptions for patients not on their caseload, unless that non-medical prescriber was originally named in the CMP (for SP) or as an IP has made an assessment or re-assessment of the need for a prescription with documentation of this assessment made in patients healthcare records. Transcribing of medicines previously prescribed by another practitioner must not be automatically undertaken by a non-medical prescriber without due consideration being given to each individual item. A clear process of evaluating each individual medicine prescribed must be undertaken with full assessment of the need to continue the item or alter the prescription. This must be in liaison with the prescribing partnership, the multidisciplinary team, and patient and carer involvement.

Changes to patients' medication must be in line with the agreed treatment plan and if necessary be first discussed with the medical practitioner if the non-medical prescriber has any uncertainties. If this situation occurs outside of normal working hours, the on-call medical team should be contacted.

1.4.11 Differences between non-medical prescribing and Patient Group Directions (PGDs)  
A Patient Group Direction (PGD) is defined as: 'a written instruction for the supply and/or administration of medicines to patients who may not be individually identified before presentation for treatment'. It is not a form of prescribing and although there is no statutory training that a healthcare professional must undertake before supplying or administering medicines in this way, those involved must complete the Trust's in-house training. The healthcare professional must be conversant with each PGD before undertaking administration.

PGDs are developed in situations where it may not be feasible to have separate prescriptions written for each individual client and where it is possible to follow clearly defined guidelines to enhance care provision.

## 2.0 Procedure Statement

The Trust is committed to assisting and enabling its staff to work in autonomous and new ways, including non-medical prescribing. For all staff, the overall principles and practices of prescribing must be embedded within a sound and robust clinical governance framework which is audited and evaluated on a regular basis.

Currently registered nurses and pharmacists may undertake non-medical prescribing training provided that they meet the pre-requisites of the course as detailed by the Higher Education Institute (HEI) (see section 4.1). The selection of nurses and pharmacists who will be trained as non-medical prescribers must be made after careful assessment of the local service needs. All individuals selected for prescribing training must have good opportunity to prescribe in the post that they will occupy on completion of the training and after subsequently meeting the requirements of this procedure. This includes ensuring succession planning is in place to allow for continuity of the service once established. All potential applicants must attend a meeting with the Trust NMP lead prior to submission of application. This is to ensure they are supported throughout the process.

Each non-medical prescriber must work in conjunction with a designated medical practitioner (Consultant, Locum Consultant, Associate Specialist, Staff Grade or Lead GP) within their clinical area of practice. The roles and responsibilities of the non-medical prescriber and designated medical practitioner are defined in section 3. This procedure alerts non-medical prescribers to the legal constraints governing their prescribing, highlights good practice and identifies relevant national documents and policies which will assist them in maintaining and improving their prescribing competencies. It is the responsibility of the non-medical prescriber to ensure that they adhere to Trust policies and procedures. In addition, they must ensure that their professional bodies are informed of their prescribing qualifications and they must undertake to practise in accordance with their professional code of conduct.

This procedure sets out the pathway that authorises individuals to practise as a non-medical prescriber within the Trust. **The Trust procedure must be adhered to and although the non-medical prescribing qualification authorises the individual to prescribe, within the Trust this process is not automatic and the set pathway must be followed (see section 4.2).**

### 3.0 Duties

#### 3.1 The Designated Medical Practitioner

The **Designated Medical Practitioner (DMP)** is responsible for:

- Pre-assessment of the non-medical prescriber's competence to prescribe within their area of expertise (see section 4.2 for further details). This assessment may take the format that the medical and non-medical practitioners feel is most appropriate. It may involve a discussion on clinical knowledge, additional training completed or patient treatment plans. The intent to prescribe form (see Appendix 2) must be agreed, signed and dated by the medical practitioner before the non-medical prescriber can prescribe as a SP, IP or both. Intent to prescribe must be reviewed annually, and clearly define the non-medical prescriber's scope of practice. If the prescriber is working as an IP it must define the clinical conditions for which the non-medical prescriber has been approved to diagnose
- Reaching an agreement with the non-medical prescriber about the limitations of their role and documenting this on the intent to prescribe form and in the CMP (for SPs).
- The initial clinical assessment of the patients, formulation of the diagnosis (except for specified areas as detailed on the intent to prescribe form for IPs) and determining the scope of the CMP (for SPs)
- Reviewing the patient's progress at appropriate intervals, depending on the nature and stability of the condition. Regularly reviewing the treatment plan in conjunction with the non-medical prescriber and patients as a minimum 6-monthly and in line with the CPA where this is in operation or as determined by the CMP
- Providing advice and support to the non-medical prescriber as requested and acting as a mentor in respect of their prescribing capacity
- Monitoring the non-medical prescriber's prescribing practice through regular clinical supervision, which should take place at monthly intervals (as a minimum). Documentation of completed supervision must be maintained and stored in accordance with this policy and recorded on the supervision templates(appendix 13)

The ongoing monitoring and supervision of the prescriber must include:

- Prescribing of medicines for patients being treated under the Mental Health Act.
- Prescribing of medicines for patients lacking capacity and unable to give consent to treatment (see Sections 1.4.3 and 1.4.4)
- Reporting significant adverse reactions and prescribing errors using the Trust incident forms and, if appropriate, completing an additional report (for adverse reactions) under the yellow card scheme if not already reported by the non-medical prescriber (see Section 4.4.2)

#### 3.2 The Non-Medical Prescriber

The non-medical prescriber is responsible for:

Ensuring that the Trust's Non-Medical Prescribing Lead has received confirmation that they are in a position to start prescribing (see section 4.2 for further details) including written confirmation that:

- they have obtained their **non-medical prescribing qualification** and **registered with their professional body** as a non-medical prescriber
- the role of non-medical prescriber is written into their **job description** and has received Trust approval
- they have completed the Trusts **Mental Capacity Act** training course in accordance with essential training requirements

- they have undertaken specialised recommended training as in NICE Guidance and as agreed by the designated medical practitioner. This should include completing training on undertaking physical health checks and demonstrating competence in this area
- they have completed the **Trust's drug prescription and administration chart e-learning programme** if they intend to prescribe on this chart (i.e. in an inpatient setting)
- they have completed all Trust **mandatory medicine management training**
- their **intent to prescribe form** (either for SP, IP or both) has been agreed, signed and dated by themselves and the designated medical practitioner
- **for independent prescribing** they have achieved the desired case number of patients working as a supplementary prescriber and have presented their portfolio of prescribing practice to their designated medical practitioner, except in the exceptional circumstances that are detailed on the individual's intent to prescribe form (see Section 4.2.3)
- Accepting professional accountability and professional responsibility for their prescribing practice
- Reaching an agreement with the medical practitioner about the limitations of their role and documenting this on the intent to prescribe form and in the CMP (for SPs)
- Obtaining patient consent to enter into the prescribing partnership with the non-medical prescriber, and additionally with the medical practitioner for the purpose of the CMP (for SPs). Documentation of patient consent must be made in their healthcare records
- Prescribing medicines in accordance with the Trust approved formulary and treatment guidance, and as detailed within the CMP (for SPs)
- Monitoring and assessing patient progress as appropriate to condition and medicines prescribed
- Documenting all patient consultations. Consideration should be given to their preferred means of communication and of accessing information, (such as language if they are non-English users, or formats if they have a disability)
- Including details of any medicines prescribed and details of follow up appointments or referrals in the healthcare records
- Arranging follow up appointments as deemed appropriate (for IPs) or as detailed in the CMP (for SPs)
- Referring patients to be assessed by a medical practitioner within 72 hours, for whom the non-medical prescriber (IP only) has made a clinical diagnosis as specifically detailed in their intent to prescribe form
- Referring to the medical practitioner when they feel a situation is outside of their clinical competence and expertise, in line with their professional code of practice. For nurses this is the Nursing and Midwifery Council (NMC), for pharmacists it is the General Pharmaceutical Council (GPhC). This may include passing prescribing responsibility back to the medical practitioner
- Ensuring effective communication with the multidisciplinary team, and relevant healthcare professionals
- Arranging ongoing consultations with the medical practitioner to discuss prescribing activity, treatment plans and clinical supervision
- Reporting significant adverse reactions and prescribing errors using the Trust incident forms and if appropriate completing an additional report (for adverse reactions) under the yellow card scheme. The non-medical prescriber should seek advice from the local pharmacy department or their designated medical practitioner if they have any uncertainties around these procedures.
- Undertaking appropriate CPD in relation to their prescribing role. CPD may either be self directed or agreed with the designated medical practitioner. It must cover the requirements specified by the non-medical prescriber's professional body (see section 4.3)

- Maintaining the security of prescription pads (see section 4.4.4) and reporting any lost or stolen prescription pads according to the Trust procedure (see section 4.4.5)

## **4.0 Procedure**

### **4.1 Training for Supplementary and Independent Non-Medical prescribing**

The selection of nurses and pharmacists to be trained as non-medical prescribers will only be made after the non-medical prescribing service plan has been completed. (See Appendix 5). This service plan must take into account the local team's or service's need for non-medical prescribing staff and the meeting of patients' needs. It must be agreed by the individual's line manager, their designated medical practitioner and the Trust's Non-Medical Prescribing Lead. The decision by healthcare professionals to seek support to undertake a non-medical prescribing course must be based on enhancing patient experience, new ways of working and service improvement.

Healthcare professionals wishing to undertake non-medical prescribing training must follow the application process agreed between the Trust and the education provider, details of which are available from the Trust's Non-Medical Prescribing Lead.

Currently, registered nurses and pharmacists who are employed by the Trust or who are providing services to the Trust through a service level agreement may apply to undertake non-medical prescribing training provided they meet the pre-requisites of the course as detailed by the Higher Education Institute (HEI). In addition, the non-medical prescribing training is commissioned and funded directly by our local HE provider, Health Education Kent, Surrey and Sussex. There is no training cost to the student. In addition, the NMPs line manager and budget holder must be prepared to support the funding of any additional training as part of continuing professional development once the NMP is qualified. (See section 4.3).

All individuals selected for NMP training must have identified and agreed prescribing opportunities in the post that they will occupy on completion of the training and after subsequently meeting the requirements of this procedure. Advice from the Trust's Non-Medical Prescribing Lead should be sought where there are differences of opinion. Succession planning should be in place to allow for continuity of the service once established. If a new consultant psychiatrist is being appointed, the team's philosophy on non-medical prescribing must be made clear before appointment.

The non-medical prescribing programme is carried out at a HEI. It consists of taught days at degree or masters level followed by additional self-directed learning, plus learning in practice and clinical supervision with an appropriately trained designated medical supervisor, (e.g. a Consultant Psychiatrist, Locum Psychiatrist, Associate Specialist, Staff Grade or Lead GP).

### **4.2 Process once qualified**

Any non-medical prescribers qualifying or newly appointed to the Trust after February 2010 or not currently practising as a supplementary prescriber must start this pathway from the beginning, i.e. at the administration process.

Any non-medical prescribers currently practising as supplementary prescribers before implementation of this procedure must have:

- completed the administration process

- completed the 'supplementary prescribing (SP) assessments' before September 2010 if they wish to continue practising as supplementary prescribers within the Trust
- completed the 'independent prescribing (IP) assessments' should they wish to practise as an independent prescriber within the Trust

The individual practitioner pathway is set out in a flow chart (see Appendix 6). It encompasses three distinct sections;

- The **administration process** (see section 4.2.1)
- **SP assessments** (see section 4.2.2), which must be completed before the practitioner can work as a supplementary prescriber within the Trust
- **IP assessments** (see section 4.2.3), which must be completed before the practitioner can work as an independent prescriber within the Trust

#### 4.2.1 The administration process

There is an administration process in place for both newly qualified non-medical prescribers and non-medical prescribers newly taking up post within the Trust. The Trust's Non-Medical Prescribing Lead (for nurses and AHPs) and Pharmacy Non-Medical Prescribing Lead (for pharmacists) will provide advice on this process. The Human Resources (HR) Department must be consulted about amendments to job descriptions, in order that they include non medical prescribing responsibilities, which are set out in pre-prepared paragraphs below:

**Paragraphs 1 & 2 and the person specification information will go into all job description information. Paragraph 3 or 4 will be inserted according to whether the role is nursing or pharmacy.**

1. The post holder will, (where it is agreed that non-medical prescribing is likely to improve the speed with which patients receive the treatment that they need and make the most efficient use of nurse's, pharmacist's and doctor's time), undertake the role of supplementary/independent prescriber, abiding at all times by the restrictions and regulations, and Trust policies and procedures, applicable to this role
2. The post holder will receive clinical supervision specifically related to their role as a supplementary/independent prescriber and must demonstrate that they keep up to date with contemporary practices in the management of the conditions for which they prescribe
3. The post holder [nurse] will maintain first level nurse registration and provide evidence of successful completion of a specific education programme(s) in order to fulfil the role of supplementary/independent prescriber, holding appropriate entry on the NMC Register
4. The post holder [pharmacist] will maintain registration with the GPhC and provide evidence of successful completion of a specific education programme(s) in order to fulfil the role of supplementary/independent prescriber, holding appropriate entry on the GPhC Register

Person specification information as below– to be included in the 'qualifications section'

1. Supplementary/Independent Non Medical Prescribing Module (level 3)

#### 4.2.2 SP assessments

In order to practise as a supplementary non-medical prescriber the individual must have:

- completed a Mental Capacity Act training course

- undertaken specialised National Prescribing Centre training as agreed by the designated medical practitioner. This should include completing training on undertaking physical health checks and demonstrating competence in this area
- completed the Trust's drug prescription and administration chart e-learning programme if they intend to prescribe on this chart in an inpatient setting
- completed all Trust mandatory medicine management training
- reached an agreement to work as a supplementary prescriber with their designated medical prescriber and therefore completed the intent to prescribe form for supplementary prescribing (see Appendix 2). This assessment may take the format that the medical and non-medical practitioner feel is most appropriate. It may involve a discussion on clinical knowledge, specialised training that the non-medical prescriber has undertaken or discussions on current patient's treatment plans as deemed necessary. The intent to prescribe form, which must be reviewed annually, must be signed and dated by the medical practitioner and the non-medical prescriber with a copy sent to the Trust's Non-Medical Prescribing Lead. The Non-Medical Prescribing Lead must then sign and date the form and return a copy to the non-medical prescriber to acknowledge that it has been approved

Written confirmation of the above must be sent and acknowledged by the Trust's Non-Medical Prescribing Lead

#### 4.2.3 IP assessments

The SP assessments above (see section 4.2.2) must be completed before the individual practitioner may proceed to the IP assessments. IP assessments are made in order for the individual to practise as an independent non-medical prescriber. Demonstrated evidence of a portfolio of supplementary prescribing practice in their specialist area since qualifying as a non-medical prescriber must be provided. The portfolio should consist of:

- a minimum of 12 months practice, and
- evidence of clinical applications either as a caseload of at least 6 patients as a supplementary prescriber (including CMPs used), or clinical evaluations of prescribing practice of medical practitioners within their team

The portfolio details must be outlined in the intent to prescribe form and signed by the designated medical practitioner.

- There must be an agreement in place to work as an independent prescriber with the designated medical prescriber and a completed intent to prescribe form for independent prescribing (see Appendix 2). This must be completed separately for independent prescribing, even if it has been previously agreed for the individual for the purpose of supplementary prescribing

### 4.3 Continuing professional development (CPD) and supervision for non-medical prescribers

All healthcare professionals, including non-medical prescribers, have a statutory responsibility to maintain their CPD. This is in line with the NICE Medicines and Prescribing Centre (MPC) competencies framework (the National Prescribing Centre was decommissioned in 2012). Non-medical prescribers will need to identify, with their manager, their CPD needs related to this role through their Personal Development Plan (PDP) and review processes. Non-medical prescribers will be informed by the Trust's Non-Medical Prescribing Lead and Education and Training leads of any funding for or access to, CPD opportunities available.

It is important to distinguish between supervision during training, (that is part of the training programme), and supervision once qualified. Non-medical prescribers will need to receive

prescribing-related supervision corresponding to their identified needs following completion of their training. All non-medical prescribers will participate in peer supervision by attending the NMP Forum. (See below).

#### 4.3.1 Non-medical prescribing Forum

All non-medical prescribers working within the Trust must join and be an active member of the Trust's non-medical prescribing forum which is chaired by the Non-Medical Prescribing Lead. Meetings are held quarterly. They must attend at least two meetings annually and records of attendance will be maintained by the Trust's Non-Medical Prescribing Lead. If a non-medical prescriber is unable to meet the minimum meeting attendance requirement, reasons for this should be discussed at their annual appraisal and conveyed to the Trust's Non-Medical Prescribing Lead.

#### 4.3.2 Clinical supervision

Non-medical prescribers should be able to demonstrate evidence of continued clinical supervision of prescribing practice with a consultant psychiatrist or their designated medical practitioner at their annual appraisal. Clinical supervision should take place at a minimum of 4 to 6 weekly intervals, and recorded on the appropriate templates (appendix 13)

When perceived, poor prescribing practice is identified within a team, and this is not overcome after discussion, the line manager of the non-medical prescriber and the designated medical practitioner should arrange support from the appropriate professional directorate.

All non-medical prescribers must maintain a portfolio of prescribing practice for discussion with their designated medical practitioner as part of their clinical supervision process and at their annual appraisal.

Evidence of this CPD must be demonstrated at their annual appraisal. The designated medical practitioner must be involved in this process.

### 4.4 Good prescribing practice

#### 4.4.1 Writing the prescription

Non-medical prescribers must follow the Trust's formulary and prescribing guidelines. They will use the same prescribing cost centres as medical colleagues working within the same team – eg. the same FP10 (RX) code.

The Trust Drug Prescription and Administration Chart should be used for those working in in-patient settings unless local procedure dictates otherwise, eg. learning disability residential homes.

As with all prescribers, the non-medical prescriber must ensure that all details on the prescription:

- are clear
- are legible
- are written in black ink (indelible)
- generic drug names are used at all times, unless it is clinically inappropriate to do so. (See Appendix 7)

The non-medical prescriber must sign and annotate each prescription with their qualification (non-medical SP or IP) when using the Trust's Drug Prescription and Administration Chart, discharge form or otherwise as detailed above. Where the non-medical prescriber has written

a prescription on an FP10 prescription pad, details such as their name, work address, qualification (non-medical SP or IP) and unique PIN number (NMC or GPhC number as appropriate) should either be handwritten at the bottom of the prescription or annotated using their personal stamp (where available). Any lost or stolen personal stamps must be reported to the Trust's Non-Medical Prescribing Lead.

#### 4.4.2 Adverse drug reactions

All severe adverse drug reactions, and all adverse drug reactions for 'black triangle' drugs need to be reported by the Yellow Card Scheme. Hard copies of the form can be found at the back of the BNF and electronic copies can be found at [www.mca.gov.uk/yellowcard](http://www.mca.gov.uk/yellowcard). A photocopy needs to be placed in the patient notes and the medical practitioner (e.g. consultant psychiatrist) must be informed.

Non-medical prescribers must follow the Trust's policy for untoward incident reporting and must report all errors and near misses.

#### 4.4.3 Monitoring of prescribing

Monitoring of all non-medical prescribing should be undertaken by the designated medical practitioner and include discussion of the non-medical prescriber's portfolio. Non-medical prescribers will have their practice audited through periodic intervention reports carried out by clinical pharmacy staff.

#### 4.4.4 Security and safe handling of prescription pads

- Prescription pads and forms are considered controlled stationery and are the property of the Trust
- It is the responsibility of the individual non-medical prescriber to ensure the security of the prescription pad at all times
- Under no circumstances should blank prescription forms be signed before use. The prescription form should only be produced when needed
- Prescription pads must not be left unattended on a desk or workstation, but should be locked away securely and access should be restricted to individual prescribers
- When the non-medical prescriber is travelling between the work base and patients' homes or other clinical setting, the prescription pad must not be visible. It must be locked in a secure place, such as a car boot, or carried, out of sight, on the person
- The non-medical prescriber should not carry large numbers of prescription forms with them. They should only carry enough to cover the needs of that day's anticipated workload
- The non-medical prescriber can only write prescriptions on a prescription form bearing their team's name and identity code
- The non-medical prescriber cannot issue prescriptions for patients' not on their team caseload, unless that non-medical prescriber was originally named in the CMP (for SP) and has made an assessment / reassessment of the need for a prescription
- Prescription pads are to be collected from the local pharmacy or agreed collection point. The team manager must ensure that there are secure lockable drawers or cupboards for the temporary storage of individual prescriber's prescription pads
- Unused prescription pads and personal stamps must be returned to the issuing point or to a member of pharmacy staff by staff leaving the Trust on or before their last day of employment. The team manager must ensure that this is done

#### 4.4.5 Loss or suspected theft of prescription pads

The non-medical prescriber must keep a record of the serial numbers of the first and last prescription numbers on receipt of a new prescription pad. It is advisable that the prescriber

is aware of all prescriptions used/ written so that in the event of a pad being lost or stolen the number remaining can be estimated.

Flow charts are available that outline the actions to be taken if a prescription pad is lost or theft of a prescription pad is suspected. These can be accessed via the Trust intranet / website. All loss of prescription pads must be reported to the Chief Pharmacist.

[http://www.sussexpartnership.nhs.uk/sites/default/files/documents/microsoft\\_word\\_-\\_stolen\\_or\\_lost\\_fp10\\_flowchart\\_-\\_trustwide\\_version\\_-\\_jan\\_14.pdf](http://www.sussexpartnership.nhs.uk/sites/default/files/documents/microsoft_word_-_stolen_or_lost_fp10_flowchart_-_trustwide_version_-_jan_14.pdf) f

#### 4.4.6 BNFs, NPFs and Drug Tariffs

Individual medical and non-medical prescribers no longer receive a hard-copy of the BNF, but the BNF App is available to all healthcare practitioners. (See Appendix 10). The same applies to those working in ChYPs teams, where the BNF-C App can be downloaded. . The electronic BNF, the electronic Medicines Compendium and the electronic NHS Drug Tariff can also be obtained via websites. Hard copies are no longer available. .

#### 4.4.7 Relationships with the pharmaceutical industry

The advertising and promotion of medicines is strictly regulated under the Medicines (Advertising) Regulations 1994, and the choice of which medical products are used must be based on clinical suitability and value for money alone. The Trust is aware that pharmaceutical representatives directly approach healthcare professionals. All healthcare professionals must adhere to the standards of their own professional body and the [Trust's Policy for Working with Commercial Organisations](#).

### 4.5 Dispensing of prescriptions

Other than in exceptional circumstances, pharmacists and nurses working as non-medical prescribers should not administer the medication that they have prescribed. Exceptions to this must have been discussed and agreed with the medical team, within normal working hours, or the on-call medical practitioner, outside of normal working hours, with outcomes subsequently documented in patients' healthcare records.

#### 4.5.1 Direction of prescriptions

Prescriptions should be dispensed at the patient's pharmacy of choice unless the Trust has special arrangements in place for the supply of certain medicines

### 4.6 Prescribing for family or friends

All prescribers are accountable for their practice at all times. In the unlikely event that a situation arises whereby they find themselves in a position to prescribe for their family or friends, then they must accept full accountability for that decision. (See below).

Under no circumstances may hospital prescriptions or FP10s be used to prescribe for family or friends **unless** they are a formal patients and the prescribing is in line with treatments usually prescribed.

If it is found that prescriptions have been issued for family or friends and these issues are deemed not to be appropriate to the services provided by the Trust, the Trust reserves the right to recover the costs plus an administration fee from the prescriber. Ultimately, further investigation may follow if fraudulent use is suspected and criminal proceedings, if such use is confirmed.

**Under no circumstances may non-medical prescribers prescribe for themselves.**

## **4.7 Accountability**

Each non-medical prescriber is individually and professionally accountable for their practice and is expected to work at all times to Trust policies and procedures and within the standards and codes of professional conduct of their own regulatory bodies. For nurses this is the NMC, for pharmacists it is the GPhC.

## **4.8 Record keeping**

To ensure good communication, the non-medical prescriber should legibly enter the following details into the records:

- the date of prescribing
- the name, dosage, route of administration and quantity of the item prescribed
- the name of the prescriber and their signature
- the date of entry and the date and time of the patients contact if the date of the entry does not coincide with the date of the contact

Any alterations to the record must be made by scoring out with a single line and initialling and dating the alteration. Other forms of correction must never be used.

Information should be documented in the following places:

- the patients held records at the time of issuing the prescription
- the clinic or ward held records within 24 hours of the prescription being generated (or as soon as possible following weekends and bank holidays)

Supplementary prescribers must also ensure that there is a copy of the current CMP filed in patient notes and on their electronic Care Programme Record (ECPR) where available, and that this is updated as necessary.

Any adverse drug reaction must be recorded and reported. (See section 4.4.2).

## **5.0 Development, consultation and ratification**

This procedure has been developed through the Sussex Partnership NHS Foundation Trust non-medical prescribing forum.

## **6.0 Equality impact assessment**

This procedure has been impact assessed.

## **7.0 Monitoring compliance**

Each non-medical prescriber is responsible for his/her individual practice, and must carry out regular reviews of his/her prescribing practice. This should include surveying opinions from patients' who are being, or have been, treated by a non-medical prescriber.

A programme of audit related to non-medical prescribing activity will be developed and implemented. Audit will be undertaken by person/s appointed by the non-medical prescribing forum and a report presented to the Forum. The audit will check:

- the impact of the implementation of this policy upon each of the six specific equality forums
- the system for delivering training for non medical prescribers

- that the number of non medical prescribers in post and located within teams is appropriate and consistent with best practice
- that this procedure is operating effectively

In conjunction with the audit feedback, this procedure will be regularly reviewed to embed any identified improvements, changes in legislation or best practice. The review will be undertaken by the non-medical prescribing forum or delegated person and ratified by the Executive Sponsor. Where appropriate it will be supplemented by additional guidance from the Department of Health, NICE Guidance and other relevant bodies. The Trust will review the procedure in light of any major changes to the legal framework affecting non-medical prescribing.

The Trust's non-medical prescribing forum may seek the assistance of Internal Audit to undertake specific audits of corporate policies.

The Trust's Drugs and Therapeutics Group (DTG) will receive reports from the non-medical prescribing forum when significant NMP developments are taking place within the Trust.

The Trust's Effective Care and Treatment Committee will be informed by the DTG and engaged as appropriate to develop and or monitor action plans to improve performance.

## **8.0 Dissemination and Implementation of procedure**

Following ratification of this procedure, the sponsor will ensure the document is forwarded to the Health & Social Care Governance Support Team who will allocate an official document number and log the document on the Trust central database The Health & Social Care Governance Support Team will inform the sponsor and document author of the official document number allocated.

The Health & Social Care Governance Support Team will place this guidance on the central database and will upload it to the Trust website for staff access.

The Trust non-medical prescribing forum will develop a dissemination plan that will include all Trust NMPs, both qualified and in training.

## **9.0 Document control including archive arrangements**

The Health & Social Care Governance Support Team will maintain an archive of previous versions of the non-medical prescribing procedure / policy and will update the central database and website. Archived documents will be listed on the database, with details of the date they were archived and removed from the website and a link to the superseding document if appropriate.

The Health & Social Care Governance Support Team will also store electronic copies of the non-medical prescribing equality impact assessment, dissemination plans, and review and approval checklists.

Requests from staff to access archived procedural documents can made to the Health & Social Care Governance Support Team (for all documents dated April 2006 onwards)  
Requests from other organisations or individuals outside of the Trust must be made in accordance with the Freedom of Information Act.

## 10.0 Reference documents

Department of Health (2006). Improving patients' access to medicines: a guide to implementing nurse and pharmacist independent prescribing within the NHS in England, 2006.

Department of Health (2006). Medicines matters. A guide to mechanisms for the prescribing, supply and administration of medicines, 2006.

Department of Health (2003). Supplementary prescribing by nurses and pharmacists within the NHS in England. A guide for implementation. 2003.

National Prescribing Centre (2003). PCT Responsibilities around prescribing and medicines management – a scoping and support guide. Liverpool.

National Prescribing Centre, National Institute for Mental Health in England and Department of Health (2005). Improving mental health services by extending the role of nurses in prescribing and supplying medication: good practice guide.  
AVAILABLE VIA BRITISH LIBRARY ARCHIVE

Department of Health (2<sup>nd</sup> Edition February 2004). Extending Independent Nurse Prescribing within the NHS in England. A guide for implementation.

Nursing and Midwifery Council. Standards for medicines management, 2007. Available at: [www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3251](http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3251)

Nursing and Midwifery Council. Standards of proficiency for nurse and midwife prescribers. Available at: [www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1645](http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1645)

## 11.0 Bibliography

The Royal Pharmaceutical Society of Great Britain (RPSGB) – 'Clinical governance framework for pharmacist prescribers and organisations commissioning or participating in pharmacist prescribing'. Available at: <http://rpsgb.org/pdfs/clingovframeworkpharm.pdf>.

Medical & Healthcare Products Regulatory Authority - quarterly bulletin; 'Current Problems in Pharmacovigilance' Available at: [www.mhra.gov.uk](http://www.mhra.gov.uk).

Department of Health website – wide range of information and links to other sites. Available at: [www.DH.gov.uk/nurseprescribing](http://www.DH.gov.uk/nurseprescribing) and [www.DH.gov.uk/supplementaryprescribing](http://www.DH.gov.uk/supplementaryprescribing)

Nurse Prescriber – free website supported by the RCN. Available at: [www.nurse-prescriber.co.uk](http://www.nurse-prescriber.co.uk).

National Prescribing Centre provides information for prescribers on developing competency and practice. Available at: [www.npc.co.uk/nurse\\_pres](http://www.npc.co.uk/nurse_pres). – site now merged with NICE Medicines and Prescribing Centre (MPC)

The Prescription Pricing Authority [www.ppa.nhs.uk](http://www.ppa.nhs.uk) or [www.ppa.org.uk](http://www.ppa.org.uk) for the drug tariff.

The British National Formulary available at: [www.bnf.org](http://www.bnf.org) or via the Trust website.

The British National Formulary for Children at: [www.bnfc.org/bnfc/](http://www.bnfc.org/bnfc/)

The National Electronic Library for Medicines email daily updates relating to all aspects of clinical management and prescribing guidelines. Available at: [www.nelm.nhs.uk](http://www.nelm.nhs.uk).

Sussex Partnership NHS Foundation Trust's Medicines Code (latest edition).

Sussex Partnership NHS Foundation Trust's policy on Trust and Employee Relationships with Commercial Organisations.

## **12.0 Cross references**

The following documents should be read in conjunction with this procedure

- Medicines Code - current version.

## **13.0 Appendices**

1. Clinical management plan template (with acknowledgement and thanks to University of Brighton)
2. Intent to prescribe form
3. Children and Young Peoples Mental Health Services protocol
4. Adults Mental Health Services Protocol
5. Older Peoples Mental Health Services Protocol
6. Information leaflet for patients and carers
7. An option appraisal of present and future methods of prescribing, administering or supplying medicines by nurses
8. Process once qualified
9. Good prescribing practice: writing the prescription.
10. Non-medical prescriber's eligibility for BNFs and NPFs
11. Contact details
12. Process for an Application to become a Non-Medical Prescriber
13. Supervision templates

**Appendix 1**

**TEMPLATE Clinical Management Plan**

<b>Name of Patient:</b>		<b>Patient medication sensitivities/allergies:</b>		
<b>Patient identification e.g. ID number, date of birth:</b>				
<b>Independent Prescriber(s):</b>		<b>Supplementary Prescriber(s)</b>		
<b>Condition(s) to be treated</b>		<b>Aim of treatment</b>		
<b>Medicines that may be prescribed by SP:</b>				
<b>Preparation</b>	<b>Indication</b>	<b>Dose schedule</b>	<b>Specific indications for referral back to the IP</b>	
<b>Guidelines or protocols supporting Clinical Management Plan:</b>				
<b>Frequency of review and monitoring by:</b>				
<b>Supplementary prescriber</b>	<b>Supplementary prescriber and independent prescriber</b>			
<b>Process for reporting ADRs:</b>				
<b>Shared record to be used by IP and SP:</b>				
<b>Agreed and signed by independent prescriber(s)</b>	<b>Date</b>	<b>Agreed and signed by supplementary prescriber(s)</b>	<b>Date</b>	<b>Agreed, signed and dated by the service user</b>

Appendix 2

## Intent to Prescribe Form (Supplementary (SP) and Independent non-medical prescribers (IP))

(NB If any area of the form is not applicable it must be annotated 'N/A')

Name of the non-medical prescriber (NMP):

Job title and work base address:

Please indicate (✓):

**Nurse Supplementary Prescriber**  **Pharmacist Supplementary Prescriber**

**Nurse Independent Prescriber**  **Pharmacist Independent Prescriber**

**Please tick if using CMP (SP only) and a sample of a completed CMP is attached:**

NMC Pin Number or GPhC Registration Number:

Please indicate your specialist area of practice (✓):

**ChYPS**  **OPMHS**  **SMS**  **AMHS / S&F**

Please indicate your work setting (✓):

**Community**  **Day Hospital**  **In-patient**  **Residential homes**

The NMP is deemed competent to prescribe within the following pre-diagnosed clinical conditions:

The NMP is deemed competent to diagnose and prescribe within the following clinical conditions (**IP only**):

The NMP will prescribe from the following medication groups, listed according to their BNF classification:

Controlled Drugs that the NMP will prescribe (**nurse SP or IP only** and if IP only within the scope of the Department of Health's agreed list):

'Off label' medicines, 'black triangle' drugs, and drugs marked 'less suitable for prescribing' in the BNF that the NMP is deemed competent to prescribe and is supported by clear national and Trust approved local guidance (details of the guidance must be provided):

Unlicensed medication that the NMP is deemed competent to prescribe (**SP only** where details of the clinical trial supporting the use of the unlicensed medication must be provided):

Details of any additional specialised training that the NMP has completed (including NPC training or CPD):

**The above NMP will:**

- Prescribe according to current legislation governed by the Department of Health and their professional body (NMC, GPhC) within their own clinical competence and expertise.
- Comply with statutory regulations and approved Trust policies in relation to medicines and utilise any Trust approved drug Formulary or treatment guidance, taking into consideration the identified restrictions.
- Be conscientious of financial implications of prescribing practise both in regard to the Trust and to Primary Care.

**The designated medical practitioner has:**

- Assessed and deemed the above NMP to be competent in their area of practice as defined above to work as a supplementary prescriber/ independent prescriber (\*Delete as appropriate)
- For working as a supplementary prescriber they have completed the SP assessments as outlined in the policy.
- For working as an independent prescriber they have completed the IP assessments as outlined in the policy
- For working as an independent prescriber they have also demonstrated portfolio evidence of their SP practice, except in the exceptional circumstances that are detailed on an attached supplementary sheet and counter-signed by the designated medical practitioner.

<u>Designation</u> <i>*To be completed in numerical order</i>	<u>Print Name</u>	<u>Signature</u>	<u>Date</u>
1. NMP			
2. Designated medical practitioner			
3. Trust NMP Lead			

**Annual review required by:**

## Appendix 3

### **Children and Younger Peoples Mental Health Services**

#### **Protocol to support non-medical (supplementary and independent) prescribing**

##### **1. Introduction**

All non-medical prescribers working on behalf of the Trust must conform to the Trust's non-medical prescribing procedure. This protocol provides additional guidance to non-medical prescribers and their medical practitioner in Children and Younger Peoples Services.

##### **2. Who is eligible to practise and prescribe as a non-medical prescriber**

Only nurses and pharmacists who meet the following criteria are eligible to practise as non-medical prescribers on behalf of the Sussex Partnership NHS Foundation Trusts', Children and Younger Peoples Services.

- Level 1 Nurses registered with the NMC as a non-medical prescriber or pharmacists registered with the GPhC as a non-medical prescriber
- Employed by the Sussex Partnership NHS Foundation Trust or a Trust providing services to the Sussex Partnership NHS Foundation Trust via a service level agreement

##### Eligible to practise as a Supplementary Prescriber (SP)

- Can provide evidence that they have completed Mental Capacity Act training
- Can provide evidence that all statutory and mandatory training. Can provide evidence of current registration
- Can provide evidence of specialised National Prescribing Centre training as agreed by the designated medical practitioner
- Has completed the Trust's drug prescription and administration chart e-learning programme if they intend to prescribe on this chart i.e. inpatient setting
- Has completed all Trust medicine management mandatory training
- Has completed the intent to prescribe form for supplementary prescribing, where the form has been agreed, signed and dated by the designated medical practitioner, is reviewed annually and a copy has been sent to the Trust's Non-Medical Prescribing Lead
- Has been deemed clinically competent to work as a supplementary prescriber by the designated medical prescriber
- Can provide evidence of on going mentoring in non-medical prescribing and monthly clinical supervision with a designated medical practitioner

- Can provide evidence in their CPD portfolio of continuing professional development in non-medical prescribing and the medicines used, including examples of clinical management plans used

#### Eligible to practise as an Independent Prescriber (IP)

- Has demonstrated all of the requirements listed above
- Can provide evidence that they have completed the designated psychopharmacology course (or agreed equivalent) and passed the exam
- Can demonstrate evidence of a portfolio of supplementary prescribing practice in their specialist area since qualifying as a non-medical prescriber. The portfolio should consist of:
  - a. a minimum of 12 months practice, and
  - b. evidence of clinical applications either as a caseload of at least 6 patients as a supplementary prescriber including CMPs used or clinical evaluations of prescribing practice of medical practitioners within their team

The portfolio details must be outlined in the intent to prescribe form and signed by the designated medical practitioner.

- Can provide evidence of specialised National Prescribing Centre training as agreed by the designated medical practitioner
- Has completed the intent to prescribe form for independent prescribing, where the form has been agreed, signed and dated by the designated medical practitioner, is reviewed annually and a copy has been sent to the Trust's Non-Medical Prescribing Lead.
- Has been deemed clinically competent to work as an independent prescriber by the designated medical prescriber
- Can provide evidence of on going mentoring in non-medical prescribing and monthly clinical supervision with a designated medical practitioner
- Can provide evidence in their CPD portfolio of continuing professional development in non-medical prescribing and the medicines used

### **3. Patients eligible for non-medical prescribing**

- Under 18
- Be a patient of the Children and Younger Peoples Service mental health team to which the non-medical prescriber belongs
- Must have capacity to understand and have consented (if competent to give consent) or the parent has consented to the prescribing partnership with a non-medical prescriber

#### Specifically for supplementary prescribing

- Must have a clinical management plan signed off by the patient (if competent to give consent) or parent, supplementary prescriber and the medical practitioner

#### Specifically for independent prescribing

- Must have had their medical diagnosis made by a medical practitioner, unless the non-medical independent prescriber has been deemed competent to assess and diagnose specific clinical conditions, and the details of these conditions are clearly stated and agreed by the medical practitioner on their intent to prescribe form

#### **4. Special precautions when considering non-medical prescribing**

- Significant physical health problems
- Dual diagnosis
- Pregnancy, recent child birth and breast feeding

#### **5. Criteria for an additional review by a medical practitioner or review of the Clinical Management Plan (for supplementary prescribing)**

- Significant change in the physical or mental health of the patient
- The current care/ treatment plan is not improving the patient's condition.
- A change in or additional diagnosis.
- Pregnancy or planning pregnancy.
- A new risk to the young person or others is identified.

#### Specifically for independent prescribing

- Where the non-medical prescriber has made a clinical diagnosis (only if detailed and agreed on their intent to prescribe form), a referral must be made for the patient to be assessed by a medical practitioner within 72 hours.
- If the non-medical independent prescriber feels a situation is outside of their clinical competence and expertise, a referral must be made for the patient to be assessed by a medical practitioner. This may include passing prescribing responsibility back to the medical practitioner.

#### **6. Drug criteria**

- Must be used for a licensed indication or an unlicensed indication recognized formally by the Trust as listed in the Formulary
- If prescribing or recommending a drug under a formal shared care guideline with primary care, the drug must be prescribed or recommended within the terms of the shared care agreement

- Any adverse reaction must be reported as soon as possible to the medical practitioner and reported under the 'Yellow Card Scheme' if appropriate
- Following any loss of supply or prescription the medical practitioner must be contacted for advice before another prescription is written

#### Specifically for supplementary prescribing

- Must be in the Clinical Management Plan within the dosage range specified

#### Specifically for independent prescribing

- Medicines must be prescribed within the dosage range specified in the British National Formulary (BNF) or Children's BNF

### **7. Minimum assessment prior to routine prescribing**

- General medication enquiry covering:
  - Full patient history (presenting complaint, past medical history, drug history, social history, family history etc...)
  - Any medication allergies
  - Current medication and in addition smoking, alcohol, over the counter drugs and complementary remedies and the potential for new drug interactions
  - Concordance with therapy and use of coping strategies, e.g. medication reminder cards, monitored dosage systems
  - Side effects experienced including any impact on libido
- General health enquiry covering:
  - Changes in mood and suicidal ideation
  - Illegal drug, alcohol and tobacco use
  - Eating habit
  - State of consciousness/over sedation
  - Sleeping habit
  - Ability to exercise
  - Fluid intake
- Clinical investigations that are deemed necessary
  - Assessment of biochemical markers (this may involve referral to the client's General Practitioner)
- The following minimum measurements:
  - Height

- Weight
- Blood pressure
- Social functioning, including:
  - Friendships
  - School performance and concentration
  - Family relationships

A record of the consultation and outcome must be recorded in the patient's healthcare records. A follow-up consultation must be made where necessary. This may include referral to other specialist services or a review with the medical practitioner if appropriate.

\*If the team is responsible for long term prescribing for stable patients, repeat prescriptions can be issued between planned reviews without the minimum assessment taking place.

## Appendix 4

### Adults Mental Health Services (including Secure and Forensic Services)

#### Protocol to support non-medical (supplementary and independent) prescribing

##### 1. Introduction

All non-medical prescribers working on behalf of the Trust must conform to the Trust's non-medical prescribing procedure. This protocol provides additional guidance to non-medical prescribers and their medical practitioner in Working Age Mental Health Services.

##### 2. Who is eligible to practise and prescribe as a non-medical prescriber

Only nurses and pharmacists who meet the following criteria are eligible to practise as non-medical prescribers on behalf of the Sussex Partnership NHS Foundation Trusts', Working Age and Secure & Forensic Mental Health Services

- Level 1 Nurses registered with the NMC as a non-medical prescriber or pharmacists registered with the GPhC as a non-medical prescriber
- Employed by the Sussex Partnership NHS Foundation Trust or a Trust providing services to the Sussex Partnership NHS Foundation Trust via a service level agreement

##### Eligible to practise as a Supplementary Prescriber (SP)

- Can provide evidence that they have completed the designated psychopharmacology course and exam (if qualifying after February 2010 only)
- Has completed all Trust medicines management mandatory training
- Has completed the Trust's drug prescription and administration chart e-learning programme if they intend to prescribe on this chart i.e. inpatient setting
- Has completed the intent to prescribe form for supplementary prescribing, where the form has been agreed, signed and dated by the designated medical practitioner, is reviewed annually and a copy has been sent to the Trust's Non-Medical Prescribing Lead
- Can provide evidence of on going mentoring in non-medical prescribing and monthly clinical supervision with a designated medical practitioner
- Can provide evidence in their CPD portfolio of continuing professional development in non-medical prescribing and the medicines used, including examples of clinical management plans used

### Eligible to practise as an Independent Prescriber (IP)

- Has demonstrated all of the requirements listed above
- Can provide evidence that they have completed the designated psychopharmacology course (or agreed equivalent) and passed the exam
- Has completed the intent to prescribe form for independent prescribing, where the form has been agreed, signed and dated by the designated medical practitioner, is reviewed annually and a copy has been sent to the Trust's Non-Medical Prescribing Lead
- Can provide evidence of on going mentoring in non-medical prescribing and clinical supervision with a designated medical practitioner
- Can provide evidence in their CPD portfolio of continuing professional development in non-medical prescribing and the medicines used

### **3. Service users eligible for non-medical prescribing**

- Over 18
- Be a service user of the Working Age Mental Health Team to which the non-medical prescriber belongs
- Must have capacity to understand and have consented to the prescribing partnership with a non-medical prescriber

#### Specifically for supplementary prescribing

- Must have a clinical management plan signed off by the service user, supplementary prescriber and the medical practitioner

### **4. Special precautions when considering non-medical prescribing**

- Significant physical health problems
- Dual diagnosis
- Pregnancy, recent child birth and breast feeding

### **5. Criteria for an additional review by a medical practitioner or review of the Clinical Management Plan (for supplementary prescribing)**

- Significant change in the physical or mental health of the service user
- The current care/ treatment plan is not improving the service user's condition
- A change in or additional diagnosis
- Pregnancy or planning pregnancy

- A new risk to others is identified

#### Specifically for independent prescribing

- If the non-medical independent prescriber feels a situation is outside of their clinical competence and expertise, a referral must be made for the client to be assessed by a medical practitioner. This may include passing prescribing responsibility back to the medical practitioner

### **6. Drug criteria**

- Must be used for a licensed indication or an unlicensed indication recognized formally by the Trust as listed in the Formulary
- If prescribing or recommending a drug under a formal shared care guideline with primary care, the drug must be prescribed or recommended within the terms of the shared care agreement
- Any adverse reaction must be reported as soon as possible to the medical practitioner and reported under the 'Yellow Card Scheme' if appropriate
- Following any loss of supply or prescription the medical practitioner must be contacted for advice before another prescription is written

#### Specifically for supplementary prescribing

- Must be in the Clinical Management Plan within the dosage range specified.

#### Specifically for independent prescribing

- Medicines must be prescribed within the dosage range specified in the British National Formulary (BNF)

### **7. Minimum assessment prior to routine prescribing**

- General medication enquiry covering:
  - Full service user history (presenting complaint, past medical history, drug history, social history, family history etc...)
  - Any medication allergies
  - Current medication and in addition smoking, alcohol, over the counter drugs and complementary remedies and the potential for new drug interactions.
  - Concordance with therapy and use of coping strategies, e.g. medication reminder cards, monitored dosage systems
  - Side effects experienced including any impact on libido.
- General health enquiry covering:
  - BP and pulse check

- Changes in mood and suicidal ideation
- Eating habit and any weight changes
- State of consciousness/over sedation
- Sleeping habit
- Ability to exercise
- Fluid intake
- Clinical investigations that are deemed necessary
  - Assessment of biochemical markers (this may involve referral to the client's General Practitioner)
  - Physical assessment/ examination including observation of side effects (tremor, akathisia etc..)

A record of the consultation and outcome must be recorded in the service user's record.

A follow-up consultation must be made where necessary. This may include referral to other specialist services or a review with the medical practitioner if appropriate

\*If the team is responsible for long term prescribing for stable service users, repeat prescriptions can be issued between planned reviews without the minimum assessment taking place.

April 2009 (Reviewed May 2018)

## Older Peoples Mental Health Services

### Protocol to support non-medical (supplementary and independent) prescribing

#### 1. Introduction

All non-medical prescribers working on behalf of the Trust must conform to the Trust's non-medical prescribing procedure. This protocol provides additional guidance to non-medical prescribers and their medical practitioner in Older Peoples Mental Health Services.

#### 2. Who is eligible to practise and prescribe as a non-medical prescriber

Only nurses and pharmacists who meet the following criteria are eligible to practise as non-medical prescribers on behalf of the Sussex Partnership NHS Foundation Trusts', Older Peoples Mental Health Services

- Level 1 Nurses registered with the NMC as a non-medical prescriber or pharmacists registered with the GPhC as a non-medical prescriber
- Employed by the Sussex Partnership NHS Foundation Trust or a Trust providing services to the Sussex Partnership NHS Foundation Trust via a service level agreement

#### Eligible to practise as a Supplementary Prescriber (SP)

- Can provide evidence that they have completed Mental Capacity Act training
- Can provide evidence that they have completed the designated psychopharmacology course and exam (if qualifying after February 2010 only)
- Can provide evidence of specialised National Prescribing Centre training as agreed by the designated medical practitioner
- Has completed the Trust's drug prescription and administration chart e-learning programme if they intend to prescribe on this chart i.e. inpatient setting
- Has completed all Trust medicine management mandatory training
- Has completed the intent to prescribe form for supplementary prescribing, where the form has been agreed, signed and dated by the designated medical practitioner, is reviewed annually and a copy has been sent to the Trust's Non-Medical Prescribing Lead
- Has been deemed clinically competent to work as a supplementary prescriber by the designated medical prescriber
- Can provide evidence of on going mentoring in non-medical prescribing and four to six weekly clinical supervision with a designated medical practitioner

- Can provide evidence in their CPD portfolio of continuing professional development in non-medical prescribing and the medicines used, including examples of clinical management plans used

#### Eligible to practise as an Independent Prescriber (IP)

- Has demonstrated all of the requirements listed above
- Can provide evidence that they have completed the designated psychopharmacology course (or agreed equivalent) and passed the exam
- Can demonstrate evidence of a portfolio of supplementary prescribing practice in their specialist area since qualifying as a non-medical prescriber. The portfolio should consist of:
  - a. a minimum of 12 months practice, and
  - b. evidence of clinical applications either as a caseload of at least 6 patients as a supplementary prescriber including CMPs used or clinical evaluations of prescribing practice of medical practitioners within their team.

The portfolio details must be outlined in the intent to prescribe form and signed by the designated medical practitioner.

- Can provide evidence of specialised National Prescribing Centre training as agreed by the designated medical practitioner
- Has completed the intent to prescribe form for independent prescribing, where the form has been agreed, signed and dated by the designated medical practitioner, is reviewed annually and a copy has been sent to the Trust's Non-Medical Prescribing Lead
- Has been deemed clinically competent to work as an independent prescriber by the designated medical prescriber
- Can provide evidence of on going mentoring in non-medical prescribing and four to six weekly clinical supervision with a designated medical practitioner
- Can provide evidence in their CPD portfolio of continuing professional development in non-medical prescribing and the medicines used

### **3. Patients eligible for non-medical prescribing**

- Over 18
- Be a patient of Older Peoples Mental Health Team to which the non-medical prescriber belongs
- Must have capacity to understand and have consented to the prescribing partnership with a non-medical prescriber

#### Specifically for supplementary prescribing

- Must have a clinical management plan signed off by the patient, supplementary prescriber and the medical practitioner

#### Specifically for independent prescribing

- Must have had their medical diagnosis made by a medical practitioner, unless the non-medical independent prescriber has been deemed competent to assess and diagnose specific clinical conditions, and the details of these conditions are clearly stated and agreed by the medical practitioner on their intent to prescribe form

#### **4. Special precautions when considering non-medical prescribing**

- Significant physical health problems or co-morbidities
- Dual diagnosis

#### **5. Criteria for an additional review by a medical practitioner or review of the Clinical Management Plan (for supplementary prescribing)**

- Significant change in the physical or mental health of the patient
- The current care/ treatment plan is not improving the patient's condition
- A change in or additional diagnosis
- A new risk to others is identified

#### Specifically for independent prescribing

- Where the non-medical prescriber has made a clinical diagnosis (only if detailed and agreed on their intent to prescribe form), a referral must be made for the patient to be assessed by a medical practitioner within 72 hours
- If the non-medical independent prescriber feels a situation is outside of their clinical competence and expertise, a referral must be made for the patient to be assessed by a medical practitioner. This may include passing prescribing responsibility back to the medical practitioner

#### **6. Drug criteria**

- Must be used for a licensed indication or an unlicensed indication recognized formally by the Trust as listed in the Formulary
- If prescribing or recommending a drug under a formal shared care guideline with primary care, the drug must be prescribed or recommended within the terms of the shared care agreement
- Any adverse reaction must be reported as soon as possible to the medical practitioner and reported under the 'Yellow Card Scheme' if appropriate
- Following any loss of supply or prescription the medical practitioner must be contacted for advice before another prescription is written

#### Specifically for supplementary prescribing

- Must be in the Clinical Management Plan within the dosage range specified

Specifically for independent prescribing

- Medicines must be prescribed within the dosage range specified in the British National Formulary (BNF)

## **7. Minimum assessment prior to routine prescribing**

- General medication enquiry covering:
  - Full patient history (presenting complaint, past medical history, drug history, social history, family history etc...)
  - Any medication allergies
  - Current medication and in addition smoking, alcohol, over the counter drugs and complementary remedies and the potential for new drug interactions
  - Concordance with therapy and use of coping strategies, e.g. medication reminder cards, monitored dosage systems
  - Explanation to patients/patient of potential side effects as a result of medication
- General health enquiry covering:
  - BP and pulse check
  - Changes in mood and suicidal ideation
  - Eating habit and any weight changes
  - State of consciousness/over sedation
  - Sleeping habit
  - Ability to exercise
  - Fluid intake
- Clinical investigations that are deemed necessary
  - Assessment of biochemical markers (this may involve referral to the client's General Practitioner)
  - Physical assessment/ examination including observation of side effects (tremor, akathisia etc...)

A record of the consultation and outcome must be recorded in the patient's healthcare records.

A follow-up consultation must be made where necessary. This may include referral to other specialist services or a review with the medical practitioner if appropriate

\*If the team is responsible for long term prescribing for stable patients, repeat prescriptions can be issued between planned reviews without the minimum assessment taking place.

**Reviewed May 2018**

## Appendix 6

### Non-Medical Prescribing

#### Information for patients and carers

This information is available in alternative formats and community languages, and also an Easy Read version (with pictures and plain English).

In the past only doctors could prescribe medicines. Recently a number of changes have been made to the prescribing laws. These changes now allow other health professionals such as nurses and pharmacists to prescribe medicines once they have completed a period of specialist training.

A number of health professionals who work for the Sussex Partnership NHS Trust are now qualified to write a prescription for you and these professionals are called non-medical prescribers.

There are two types of non-medical prescribers:

1. Independent prescribers. These are nurses or pharmacists who can prescribe for you independently with **your** consent. You will still be seen by a doctor at agreed intervals but the majority of your treatment will be co-ordinated by the independent nurse or pharmacist prescriber.
2. Supplementary prescribers. These are health professionals who agree with **you** and your doctor a clinical management plan, or CMP, for your treatment over a defined period of time. During this period of time the non-medical prescriber can write prescriptions for you as described by your clinical management plan.

We will ask whether you agree to receiving prescriptions from a supplementary or independent prescriber. You may say no, or ask for more time to think about it. Whatever you decide, you will still be given the most appropriate treatment and care.

If you have any questions about non-medical prescribing please contact your health professional:

Name.....

Contact Number.....

**Appendix 7**

**Non-Medical Prescribing Service Plan**

**Name of prospective non-medical prescriber..... Designation..... Qualifications.....**  
**Ward/department..... Care group.....**

This plan is intended to illustrate the full range of options open healthcare professionals in the future, in addition to existing non-medical prescribing and patient group directions, when both independent and supplementary prescribing are fully implemented. It is intended to help services decide whether they need to consider any new options, based on the potential benefits for service users.

**It is important to retain this service user focus, as it is this that is guiding the next phase of the implementation of non-medical prescribing.**

**Describe the service you are currently providing to service users**  
 Look at this service in its entirety – should any changes be considered, e.g. an alternative method of supply or prescribing medicines to better meet service user’s need?  
**How would any change to current prescribing or supply arrangements improve the services you offer your service users?**  
**What links/referral routes do you have with other providers and prescribers**  
**Consider the conditions you aim to treat, and the competencies of staff working in your service**  
**Are there new or additional services you would like to include when non-medical prescribing is extended i.e. will there be any additional prescribing costs with this extended service, if so, how will these be met?**

**Consider the following points in relation to your service (circle as appropriate):**

- Are existing independent prescribers able to prescribe for all service users without unnecessary delays/time wasting? Y/N
- Will an independent prescriber need to make the diagnosis and decide on a treatment plan before you can treat the service user? Y/N
- Does the proposed expanded NPF meet your requirements for prescribing? Y/N
- Are any controlled drugs involved? Y/N
- Do the conditions and treatments your service provides easily fit pre-determined criteria? Y/N
- Would the service user’s care be compromised in any way by any proposed changes, i.e. is it safe? Y/N
- Are the medicines involved well established, i.e. not black triangle (newly marketed medicinal products)? Y/N

The main range of options available to nurses now and in the future, are shown on following page. Combinations of these options are also possible, e.g. a family planning nurse might in the future prescribe independently for some service users, and use a PGD for others.

April 2009 (Reviewed Sept 11)

<p align="center"><b>Option A</b> Independent prescribing by a nurse or pharmacist</p>	<p align="center"><b>Option B</b> Supplementary prescribing by a nurse, pharmacist or allied health professional (when introduced)</p>	<p align="center"><b>Option C</b> Patient Group directions</p>	<p align="center"><b>Option D</b> Referral to community pharmacy (for over the counter medicines only)</p>	<p align="center"><b>Option E</b> Referral to another independent prescriber</p>
--	--	--	--	--

**Possible advantages for service and service users**

<ul style="list-style-type: none"> <li>• More responsive and complete service offered – no delays</li> <li>• Wider range of products available than may currently be held as stock (subject to NPF)</li> <li>• May reduce waste</li> <li>• Enhances job satisfaction for staff involved</li> </ul>	<ul style="list-style-type: none"> <li>• Wider range of products than Option A</li> <li>• Good fit for clinical conditions requiring regular monitoring</li> <li>• Encourages more consistent clinical practice than in A</li> <li>• May be preferred option for dose adjustment in chronic illness e.g. diabetes, asthma</li> <li>• Allows review of prescribing by a second practitioner</li> </ul>	<ul style="list-style-type: none"> <li>• Promotes consistent clinical practice</li> <li>• Can offer ‘one stop’ service</li> <li>• Control over presentation and labelling of products supplied</li> <li>• Detailed guidance can be included in PGD</li> <li>• Fewer restrictions re products</li> <li>• Better control of budget than in A or B</li> </ul>	<ul style="list-style-type: none"> <li>• Full range of OTC products available</li> <li>• Access to advice from pharmacist</li> <li>• No funding or administrative system needed</li> </ul>	<ul style="list-style-type: none"> <li>• May be safest for service users with multiple complaints</li> <li>• May be safest if there are concerns about interactions with existing medication</li> </ul>
--	---	--	--	---

**Possible disadvantages for service and service users**

<ul style="list-style-type: none"> <li>• Delay before audit data available</li> <li>• Prescribing practices may not be consistent</li> <li>• Prescribing responsibility cannot be shared</li> <li>• Limited to accredited individuals</li> <li>• Less control over budget</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis and clinical management plan must be agreed with independent prescriber</li> <li>• Relies on good communication between independent and supplementary prescriber</li> <li>• Service user-specific</li> <li>• Split accountability for prescribing decisions</li> <li>• Delay before audit data available</li> <li>• Will require access to common service user records</li> </ul>	<ul style="list-style-type: none"> <li>• Additional workload in preparing and maintaining PGD, stockholding, and collecting prescription charges</li> <li>• Audit more difficult (but no delay)</li> <li>• Endorsement of protocol by doctor and pharmacist required</li> <li>• Little scope for individual clinical judgement</li> <li>• Clinical conditions must be pre-defined or within agreed scope of practice</li> <li>• Limited to locally determined accredited individuals who must be suitably trained</li> <li>• May by-pass pharmacist - no second person check etc</li> </ul>	<ul style="list-style-type: none"> <li>• Service user pays regardless of exemption status</li> </ul> <p>No data for audit</p>	<ul style="list-style-type: none"> <li>• May lead to delay in obtaining treatment</li> <li>• Must ensure that independent prescriber chosen has access to all relevant service user information</li> </ul>
--	--	---	---	--

Agreed by.....(Designated medical practitioner) Date.....

Approved by .....(Trust NMP lead) Date.....

## Process once qualified

### The administration process

1. HEI notifies the prescriber that they have successfully qualified as a supplementary and independent prescriber (NMP).
2. The HEI and NMP notifies their employer, designated medical practitioner and their professional body of their prescribing status (NMC or GPhC). Registration with the professional body as a NMP must be obtained in writing.
3. The NMP's job description is amended and Trust approved to include their prescribing role (contact HR for advice).
4. The local hospital pharmacy and NMP lead maintains a copy of the non-medical prescriber's signature and contact details.
5. NMPs should complete further Annex forms, via the NMP lead, following any changes in circumstances or personal details

### SP (supplementary prescribing) assessments

In order to practise as a supplementary non-medical prescriber at this Trust the individual must have successfully:

1. completed a Mental Capacity Act training course,
2. undertaken specialised NPC training as agreed by the designated medical practitioner. This should include completing training on undertaking physical health checks and demonstrating competence in this area,
3. completed the Trust's drug prescription and administration chart e-learning programme if they intend to prescribe on this chart i.e. inpatient setting,
4. completed all Trust medicines management mandatory training,
5. reached an agreement to work as a supplementary prescriber with their designated medical prescriber and completed the intent to prescribe form for supplementary prescribing, where the form has been agreed, signed and dated by the designated medical practitioner.

Written confirmation of the above must be sent and acknowledged by the Trust's Non-Medical Prescribing Lead prior to the individual commencing their supplementary prescribing role. Any non-medical prescriber qualifying after February 2010 must also send written confirmation that they have successfully completed the pre-requisite designated psychopharmacology course and passed the exam. Details of any additional psychopharmacology or equivalent training undertaken should be detailed to the NMP lead.

**May now only practise as a supplementary prescriber on behalf of this Trust**

### IP (independent prescribing) assessments

In order to practise as an independent non-medical prescriber at this Trust the individual must have successfully completed all SP assessments. In addition they must have:

1. undertaken specialised training as agreed by the designated medical practitioner,
2. demonstrated evidence of a portfolio of prescribing practice,
3. reached an agreement to work as an independent prescriber with their designated medical prescriber and completed the intent to prescribe form for independent prescribing, where the form has been agreed, signed and dated by the designated medical practitioner (This must be completed separately for independent prescribing, even if it has previously been agreed for the individual for the purpose of supplementary prescribing).

Written confirmation of the above must be sent and acknowledged by the Trust's Non-Medical Prescribing Lead prior to the individual commencing their independent prescribing role.

**May now practise as a supplementary or independent prescriber, on behalf of this Trust**

## **Appendix 9**

### **Good prescribing practice: writing the prescription**

Detailed advice on prescription writing is contained in the NPF & BNF.

#### **1. Details required on the front of the prescription form are:**

- Service user's title
- Service user's surname & first name
- Age and date of birth (*It is a legal requirement to write the service user's age on the prescription when prescribing Prescription Only Medicines (POMs) for a child under twelve years of age*)
- Full address including postcode

#### **2. The prescription should contain:**

- The name of the prescribed item (plus size & strength if any)
- Formulation (e.g. cream, oral)
- Strength (if any)
- Dosage (with maximum dose) and frequency, in the case of "as required" a minimum dose interval should be specified.
- Quantity to be prescribed
- The prescriber's signature and details of their position (nurse or pharmacist) and qualification (SP or IP)
- The prescriber's telephone number
- Date script issued

#### **3. The quantity prescribed should be:**

- appropriate to the service user's needs, bearing in mind the need to avoid waste.
- specified for solid preparations as number of dose units (number of tablets, capsules, lozenges, patches etc.); for liquid measures in millilitres (mL or ml); for topical preparations by mass (grams, g) or volume (millilitres, mL or ml). Terms such as '1 pack' or '1 OP' should not be used. Alternatively, for preparations to be given for a fixed dose and interval, the duration(s) of treatment can be given in place of quantity to be dispensed.

N.B. some preparations are only available in service user packs and the quantity contained in the packs should be prescribed, provided this is clinically and economically appropriate.

#### **4. The names of medicines should be written clearly:**

Prescribers are recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name (refer to NPF, BNF and the Drug Tariff). Names of medicines and generic titles should not be abbreviated. Exceptions to this rule are for the prescribing of some dressings and appliances and of compound or modified release medicines, which have no approved non-proprietary name.

#### **5. Directions should be:**

In English and not abbreviated.

#### **6. Other good practice includes:**

- Where there is more than one item on a form, a line should be inserted between each item for clarity.
- Unused space in the prescription area of the form should be blocked out with, eg a diagonal line (*to prevent subsequent fraudulent addition of extra items*)

## Appendix 10

### **Non-Medical Prescribers' access to the British National Formulary (BNF) and the British National Formulary for Children (BNFC).**

#### **Non-Medical Prescribers:**

All healthcare professionals qualifying as non-medical prescribers (IP or SP) are able to download a combined app for the electronic BNF and the electronic BNFC. The app is regularly updated and can be downloaded free of charge from app stores.

#### **Nurses who are not Prescribers:**

Any nurse is able to download the app. Access is not restricted to prescribers.

#### **Hard copies of the BNF and the BNFC:**

One hard copy of the BNF and/or BNFC is distributed once a year to each Trust community team base and each inpatient unit. Hard copies are no longer distributed to individual doctors or to individual non-medical prescribers.

#### **NHS Drug Tariffs:**

The NHS Drug Tariff is no longer available in hard-copy format. Instead it can be accessed via the PPA website where it is updated on a monthly basis:

[http://www.ppa.org.uk/ppa/edt\\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm)

## Appendix 11

### Contact Details



<b>Title</b>	<b>Contact Name</b>	<b>Telephone</b>	<b>Email</b>
Trust Non-Medical Prescribing Lead	Jayne Bruce	07738 758201	Jayne.bruce@sussexpartnership.nhs.uk
Pharmacy Non-Medical Prescribing Lead	Jed Hewitt	01323 444108	jed.hewitt@sussexpartnership.nhs.uk

## **Process for an Application to become a Non-Medical Prescriber**

### **Prerequisites for Practitioners applying to undertake an accredited NMP training programme:**

All applicants must:

- Have a valid registration with their professional body
- Be appointed to a substantive post where they will have the need and opportunity to act as an independent / supplementary prescriber upon qualification.
- Demonstrate the ability to study at degree level
- Demonstrate Clinical Skills experience (preferably as a formal qualification)
- Have completed a CRB check within the last 3 years (NMC requirement)
- Be able to provide evidence of numeracy skills e.g. GCSE Maths
- Identify a Designated Medical Prescriber (DMP) who will be willing / able to contribute to and supervise the 'learning in practice' element of their training and provide post qualification clinical supervision

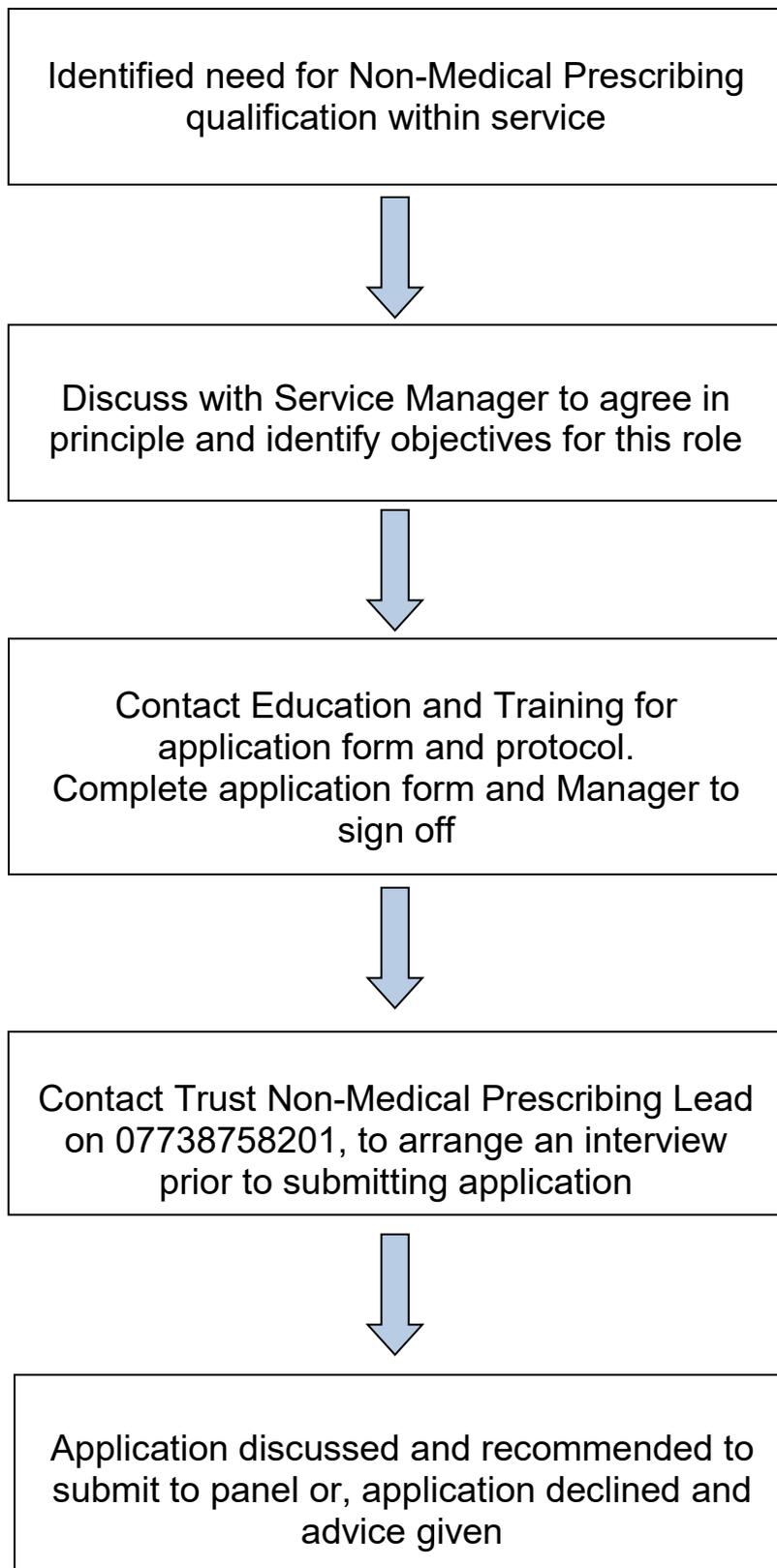
### **Additional requirements first level Registered Nurses:**

- Have at least three years post-registration experience of which at least one year immediately preceding their application must be in the clinical area in which they intend to prescribe
- Provide evidence of competence in history taking, undertaking a clinical assessment and making a diagnosis i.e. comprehensively assess a patient's psychological and physiological condition, understand the underlying pathology and identify the appropriate medicines regime

### **Registered Pharmacists:**

- Have at least three years' experience practicing as a registered pharmacist in a clinical environment (hospital or community), and at least one year immediately preceding their application must be in the clinical area in which they intend to prescribe
- Be able to demonstrate competence to prescribe in the area in which they will prescribe following training
- Be able to demonstrate competence to prescribe in the clinical area in which they will prescribe following training

## Non-Medical Prescribing – Application Process



# Appendix 13 Non-Medical Prescriber Trainee Supervision Template

Students name:	Practice mentor:	Training start date:
		Intended completion date:
Learning Need	Action Plan	Outcome and evaluation (evidence generated which supports claim that competence has been achieved)
<p><b>1.</b> Understand the role of the NMP Lead in my employing organisation and attend a minimum of <b>2 NMP Central Forums in one year</b>-please note where local forums are established such as CAMHS Hampshire this is acceptable</p> <p><b>2.</b> Understand priorities for clinical governance relating to non medical prescribing in my Trust Identify the Trust’s requirements for Non Medical Prescribing practice in relation to:</p> <ul style="list-style-type: none"> <li>a) recording my NMP qualification initially and subsequently</li> <li>b) practice as a non-medical prescriber, issue, security and return of prescription forms</li> <li>c) CPD for non-medical prescribers</li> <li>d) Record keeping and review of non-medical prescribing practice with DMP</li> </ul>	<p><b>1.</b> Meet with NMP lead to explore NMP Lead role and contribute to the NMP Forums Be able to describe what the propose and function of the NMP Central Forum is and how this supports practice in your role as a trainee Non-Medical Prescriber</p> <p><b>2.</b> Locate and demonstrate awareness of Trust policies and procedures relating to:</p> <ul style="list-style-type: none"> <li>a) Action to be taken on qualification as a non medical prescriber;</li> <li>b) Issue, safe-keeping (especially during leave) and return of prescription pads (especially when leaving an organisation); Untoward Incidents and Adverse Drug Reactions;</li> <li>c) Annual requirement to update of personal prescribing formularies that are agreed with medical supervisors and the NMP lead</li> <li>d) Discuss a minimum of 2 clinical case scenarios at each supervision and record in personal development plan Discuss requirements of your role as a trainee non-medical prescriber, review relevant resources provided by the University and update your DMP with your course progress and feedback</li> </ul>	<p><b>1.</b> Accurately summarise the role of NMP Lead to Mentor Discuss Forum agendas and minutes from Forums with mentor and confirm meetings you have attended</p> <p><b>2.</b> Correctly state the process of initial and subsequent recording of NMP qualification to Mentor</p> <ul style="list-style-type: none"> <li>a) state practice to be followed regarding issue, safe-keeping and return of prescription pads</li> <li>b) be able to locate the policies and procedures relating to non medical prescribing practice on the Trust intranet (hard copy if required)</li> <li>c) state practice to be followed in the Trust in event of Untoward Incidents and Adverse Drug Reactions</li> <li>d) provide evidence of plan for CPD during the 12 months following qualification as a non medical prescriber</li> <li>e) provide plan for personal review of non medical prescribing practice</li> </ul>
<p><b>Completion:</b> Signature of student ..... Date: .....</p>		<p><b>Completion:</b> Signature of Mentor ..... Date: .....</p>

Students name:	Practice mentor:	Training start date: Intended completion date:
Learning Need	Action Plan	Outcome and evaluation (evidence generated which supports claim that competence has been achieved)

**APPENDIX 13**

**Designated Medical Practitioner (DMP) Supervision Template**

Key Domains	Discussion record
<p>The DMP has a crucial role in educating and assessing non-medical prescribers. Supervision topics for discussion between DMP and Supervisor should include:</p> <ol style="list-style-type: none"> <li>1) Confirmation that a supervision schedule has been established and that the process for access to DMP for urgent advice has been agreed if this is required</li> <li>2) The opportunity for the NMP to demonstrate competency in prescribing includes facilitating learning by encouraging critical thinking and reflection</li> <li>3) The DMP can provide assurance that dedicated time to review prescribing practice and clinical scenarios are in place.</li> <li>4) Supervision allows in-depth discussion and analysis of clinical management using a random case analysis approach, when patient care and prescribing behaviour can be examined further</li> <li>5) The DMP receives confirmation from the NMP that competency and CPD is maintained and that Intent to prescribe protocol is adhered to</li> </ol>	
<p>Date Supervisor:</p>	<p>Date DMP:</p>

**Appendix 13**

**Non-Medical Prescriber Supervision Template**

<b>Objective</b>	<b>Action Plan</b>	<b>Outcome and evaluation</b> (evidence generated which supports claim that competence is maintained)
<p><b>1.</b> Discuss your role as a Non-Medical Prescriber and ensure that your Designated Medical Prescriber is updated as to your current practice. Discuss priorities for clinical governance relating to your role as a non-medical prescriber</p> <p><b>2.</b> Provide evidence of competence and ensure that supervision supports best practice and includes current caseloads, challenges and successes</p> <p><b>3.</b> Discuss and agree your requirements for Non-Medical Prescribing practice in relation to:            CPD for non-medical prescribers            Your statutory and mandatory training            Annual Intent to prescribe protocol</p>	<p><b>1.</b> Meet with DMP on a monthly or 6 weekly basis and ensure that supervision meetings are booked as part of an ongoing schedule</p> <p><b>2.</b> Discuss a minimum of 3 clinical case scenarios or 1 complex case at each supervision to include:            a) Record keeping and review of non-medical prescribing practice with DMP via:                a review of prescribing activity, adherence to care pathway and personal prescribing formularies            b) Review prescription copies and ensure these are completed to the recommended standard and are stored securely</p> <p>Discuss the requirements of your role as a non-medical prescriber, and update your DMP with your CPD log, statutory and mandatory training compliance, Intent to prescribe status</p>	<p><b>1.</b> Confirm attendance at the NMP Forum as a minimum 3 meetings per year- please note where local forums are established such as CAMHS Hampshire this is acceptable            Discuss Forum agendas and minutes from Forums with your DMP and confirm meetings you have attended</p> <p><b>2.</b> Record dates and times of supervision and enter any actions or notes below</p> <p>Correctly state the process to maintain competence and evidence this is met, record any identified training needs in discussion with your line manager, DMP, Trust NMP lead to facilitate training needs            Provide plan for personal review of non-medical prescribing practice as part of your annual CPD plan</p>
<p><b>Signature of NMP</b>..... <b>Date:</b> .....</p>		<p><b>Signature of DMP</b>..... <b>Date:</b> .....</p>