Mid Essex Hospital Services NHS
NHS Trust

Non Medical Prescribing Policy	**Policy** **Register No: 07049** **Status: Public**

Developed in response to:	Department of Health Policies, Prescribing Guidance & Legislation
Contributes to CQC Outcome:	9

Consulted With	**Post/Committee/Group**	**Date**
Pharmacy SMT	Pharmacy Senior Management Team	May 2016
Jane Young	Specialist Lead nurse for non-medical prescribing	May 2016
Maria Richards	Lead Pharmacist Admissions and non-medical prescriber	June 2016
Professionally Approved By	Jane Giles, Chief Pharmacist	June 2016

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Author/Contact for Information	Jane Giles
Policy to be followed by (target staff)	All Trust staff members and Clinicians
Distribution Method	Trust Intranet and Website
Related Trust Policies (to be read in conjunction with)	Medicines Management Strategy, Policy for prescribing of Medicines to In-Patients, Unlicensed Medicines Policy, NMC Code, Standards of Conduct, Performance and Ethics for Nurses and Midwives (2008), NMC Standards for Medicines Management (August 2008), General Pharmaceutical Councils Code of Ethics and Standards. Incident Policy Disciplinary Policy

Document Review History

Version No	**Authored/Reviewed by**	**Issue Date**
1.0	Jane Giles/Gary Etheridge - Initial Version	2007
2.0	Jane Giles - Routine Review	October 2010
3.0	Jane Giles - Routine Review	January 2013
4.0	Lesley Stuart - Routine Review	14 June 2016
4.1	Lesley Stuart - 3.1 addition of Dieticians	July 2018
4.2	Lesley Stuart – 6 month extension request due MSB standardisation	20th May 2019

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1. Purpose

1.1 This policy outlines the implementation of Non-Medical Prescribing at Mid Essex Hospital Services NHS Trust (MEHT) by Independent Nurse/Midwife/Pharmacist Prescribers and Supplementary Prescribers (Registered Nurses, Midwives, Pharmacists and other Health Care Professionals).

2. Aims

2.1 The policy provides clear guidance on the use and implementation of Non-Medical Prescribing at the Trust.

2.2 The policy also provides advice on good practice for all Non-Medical Prescribers.

3. Scope

3.1 This policy applies to all healthcare professionals - Nurses, Midwives and Public Health Nurses, Pharmacists, Chiropodists / Podiatrists, Physiotherapists, Dieticians, Radiographers and Optometrists (Trust employed or Independent Contractors undertaking NHS contracts) who are registered with the Trust as Non Medical Prescribers, in accordance with their job descriptions / KSF outlines, to undertake prescribing as part of their role.

3.2 Staff who are qualified as a non-medical prescriber but undertaking bank or agency shifts outside their usual role will not be considered to be a non-medical prescriber unless formally contracted to do so on the bank or agency shift.

4. Roles & Responsibilities

4.1 Non-Medical Prescribers are personally accountable for their practice in accordance with the *NMC Code of Conduct* (2008) and *The General Pharmaceutical Council Code of Practice* or *The HealthCare Professional Body's Code of Practice*.

4.2 The Chief Nurse is responsible for maintaining a list of all qualified non-medical Prescribers employed in the Trust.

5. Equality and Diversity

5.1 The Trust is committed to the provision of a service that is fair, accessible and meets the need of all individuals.

6. Introduction

6.1 The extension of prescribing rights to a wider range of healthcare professions began in 1989 with the publication of the *'Report of the Advisory Group on Nurse Prescribing'.*

6.2 In 2002, nurses were trained to prescribe independently, from an extended formulary within designated practice areas - to include all Pharmacy (P) and General Sales List (GSL) medicines and some Prescription only Medicines (POMs) in the four areas of minor illness, minor injury, palliative care and health promotion. These four areas have now been superseded by a much wider prescribing list. It is

therefore advised that the most recent British National Formulary (BNF) is used and / or the Department of Health (DH) website www.dh.gov.uk.

6.3 In 2003 there was an extension of prescribing rights to Supplementary Prescribers (SPs) (which arose from the second report of Crown Review Group, in 1999) allowing SPs (Nurses and Pharmacists), after relevant training, to prescribe all medicines.

6.4 In 2006 prescribing rights were further extended to suitably qualified persons to enable them to act as fully independent prescribers. The range of professionals was also increased to include optometrists, chiropodists, podiatrists and physiotherapists.

6.5 In 2012 the Misuse of Drugs Regulations were amended to enable Pharmacist Independent prescribers to prescribe schedule 2 & 3 controlled drugs (Nurse Independent Prescribers were already authorised to prescribe these agents) and changes to rules surrounding the mixing of medicines were also made.

7. Training for Competence

7.1 All Registered nurses and midwives carrying out independent and supplementary prescribing, must be a 1st level registered nurse or registered midwife with a valid registration on the NMC Professional Register and have successfully completed an NMC approved non-medical prescribing course, and have this qualification recorded on the professional register.

7.2 All Pharmacists carrying out independent/supplementary prescribing must be registered as an independent or supplementary prescriber with The General Pharmaceutical Council (GPhC) in England or Wales having completed an approved independent/supplementary prescribing course and have a minimum of 2 years pharmaceutical experience.

7.3 Allied health professionals carrying out independent/supplementary prescribing must be approved and registered as competent by the appropriate professional body.

7.4 All non-medical prescribers (NMP) must be recorded as an independent / supplementary prescriber in Mid Essex Hospital Services NHS Trust's Non Medical Prescribers' Register, held by the Chief Nurse, and will become members of the Trust Faculty of NMPs.

7.5 All staff undertaking non-medical prescribing must have their qualification registered with their relevant governing body.

7.6 All NMPs working within MEHT are required to attend a Trust NMP Faculty update meeting at least annually, and to provide evidence of additional regular training within their speciality. ***Failure to meet these requirements will result in the withdrawal of their prescribing rights.***

7.7 All NMPs must complete a scope of practice document which will be held with the Trust register. It is the responsibility of the NMP to ensure this document is reviewed regularly and reflects the prescriber's current practice and competence.

8. Verification of Prescribing Status

8.1 The Chief Nurse or their appointed representative(s) will keep an updated record of all qualified non-medical prescribers employed in the Trust. They will make this available to the Trust Medicines Management and Safety Group & Pharmacy Department when requested.

8.2 All new non-medical prescribers must submit a specimen signature to the Pharmacy Department.

8.3 Confirmation of a nurse/midwife prescriber's registration can be obtained by contacting the NMC confirmation interactive voice response system on: 0207 333 9333, available between the hours of 08.00 - 18.00hrs, Monday to Friday.

8.4 The GPhC has an on-line web access at: http://www.pharmacyregulation.org/theregister/index.aspx which provides a list of Registered Pharmacists by name or registration number. This enables 24-hour access and will incorporate an indicator of prescribing status.

8.5 Allied Health Professionals registering as NMPs must provide independent verification of their qualifications upon joining the MEHT Faculty.

8.6 All new staff joining the Trust who are already qualified as a non-medical prescriber must forward their registration details to the Director of Nursing who will then include the name in the Trust Register of Non-Medical Prescribers.

8.7 All non- medical prescribers must inform the Director of Nursing when they leave the Trust to enable removal of their name from the Trust Register.

9. Principles for Practice

9.1 A non-medical prescriber can only issue a prescription for a patient whom they have personally assessed.

9.2 A non-medical prescriber cannot issue a prescription if asked to do so by another healthcare professional (who is not a qualified prescriber) unless they have personally assessed that patient.

9.3 Items prescribed that need to be immediately administered by the non-medical prescriber should be checked independently by a second authorised nurse or pharmacist.

9.4 In the case of nurse/midwife and pharmacist prescribing, it is good practice that there is a separation of prescribing from drug administration or dispensing roles.

9.5 Non-medical prescribers will be expected to comply with the Mid Essex Hospital Services NHS Trust Prescribing Formulary.

10. Independent Prescribing

10.1 The definition of Independent Prescribing in England as defined by the Department of Health:

"The Department of Health's working definition of independent prescribing is prescribing by 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'.

10.2 In partnership with the patient, Independent Prescribing is one element of the clinical management of a patient assessment, interpretation of that assessment, a decision on safe and appropriate therapy, and a process for on-going monitoring. The Independent Prescriber is responsible and accountable for at least this element of a patient's care. Normally prescribing would be carried out in the context of practice within a multidisciplinary healthcare team, either in a Hospital or in a community setting, and within a single, accessible healthcare record" (DH 04.2006)

10.3 Items that can be prescribed by Independent Prescribers are defined by the Department of Health within the remit of the Misuse of Drugs Regulations and the Human Medicines Regulations and any other relevant legislation. It is the responsibility of the individual prescriber to ensure that their practice remains within the scope of this legislation and that they are familiar with it.

10.4 Independent Prescribers at the Trust are able to prescribe in accordance with Mid Essex Hospital NHS Trust Formulary.

11. Supplementary Prescribing

11.1 Supplementary Prescribing is a voluntary prescribing partnership between an independent prescriber (Doctor or Dentist) and a Supplementary Prescriber, to implement an agreed patient specific Clinical Management Plan (CMP) (See Appendices 1 & 2) with the patients' agreement.

11.2 There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing. There must be a written CMP relating to a named patient and to that patient's specific condition. Agreement to the CMP must be made before supplementary prescribing begins. The Independent and Supplementary Prescriber must share access to and use the same common patient record.

11.3 Supplementary prescribers may prescribe all medicines. This includes the prescribing of:

- Antimicrobials
- "Black Triangle" drugs and those products suggested by the BNF to be "less suitable" for prescribing
- Products used outside their licensed indications (i.e. "off-label" use), provided that the product is licensed for use in the UK. Such use must have the joint agreement of both prescribers and the patient (see Trust Unlicensed Drugs Policy) and the status of the drug should be recorded in the CMP
- The drugs prescribed must be on the Formulary. Where this is not possible, the Trust's Non-Formulary procedure must be followed.
- For unlicensed indications, the Trust's Unlicensed Medicines Policy must be followed.

11.4 Unlicensed drugs (i.e. a product not licensed in the UK) may be included in the CMP only where as part of a clinical trial under a clinical trial certificate or an exemption and there is joint agreement of both Prescribers and the patient (see Trust Unlicensed Drug Policy). The status of the drug is recorded in the CMP.

12. Non-medical prescribers, prescribing of medicines for use outside the terms of their licence (off-label)

12.1 Off-label (off licence) prescribing is where licensed medications are prescribed outside of their licence. Nurse and pharmacist independent prescribers may prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation (so called 'off-licence' or 'off-label').

12.2 They must however, accept professional, clinical and legal responsibility for that prescribing and should only prescribe 'off-label' where it is accepted clinical practice. Refer to the Unlicensed Medicines Policy.

13. Supplementary prescribers; prescribing of medicines for use outside the terms

13.1 There must be a clinical management plan in place, written in conjunction with the doctor/dentist and in agreement with the patient /client or parent/carer.

13.2 The doctor/dentist takes responsibility for prescribing the medicine and jointly oversees the patient/clients care, and monitors and ensures any follow-up treatment is given as required.

14. Prescribing responsibilities under a clinical management plan

14.1 Supplementary prescribing can only take place after assessment and diagnosis of the patient by an independent prescriber (doctor/dentist) has taken place and written CMP has been agreed by both the supplementary and independent prescriber (doctor/dentist).

14.2 Patient consent must be obtained.

14.3 The supplementary prescriber can make decisions relating to the medicine such as dose, frequency, formulation and choice of drug from a class and other variables, within the scope of the CMP.

14.4 Independent prescriber (doctor/dentist) must review the patient at predetermined intervals depending on the patient's condition and drugs prescribed.

14.5 The independent prescriber (doctor/dentist) can at any time, review the patient's condition or resume full responsibility for the patient's care.

14.6 The independent prescriber (doctor/dentist) and supplementary prescriber must be able to communicate easily and should share access to and use, the same patient records.

14.7 The independent prescriber (doctor/dentist) and supplementary prescribers may

operate within more than one prescribing partnership, provided they are willing and able to work together and to assume the responsibilities involved.

15. Responsibility of independent prescriber (doctors/dentist) under a CMP

15.1 Making a diagnosis and setting the parameters of the CMP.

15.2 Agreeing the limits of the supplementary prescriber responsibility for review and prescribing.

15.3 Providing advice and support to the supplementary prescriber.

15.4 Reviewing the patient within the predetermined time scales or before, if requested by a supplementary prescriber.

15.5 Sharing a common patient record with the supplementary prescriber.

15.6 Reporting adverse incidents within the national and local risk management or clinical governance schemes.

16. Responsibility of the Supplementary Prescriber under a CMP

16.1 Prescribing for a patient in accordance with a CMP.

16.2 Monitoring and assessing the patient's progress.

16.3 Working within their clinical competence and professional code of conduct at all times and passing management back to the Independent Prescriber if they feel the patient's condition no longer falls within this competence.

16.4 Consulting the independent prescriber (doctor/dentist) when necessary.

16.5 Accepting professional accountability and clinical responsibility for their practice.

16.6 Passing prescribing responsibility back to the independent prescriber (doctor/dentist) if the agreed clinical reviews are not carried out within the specified interval.

16.7 Recording prescribing and monitoring activity in the shared patient record, ideally within 24-48 hours.

16.8 Reporting adverse incidents within nationally and local risk management schemes or clinical governance schemes.

17. Prescriptions

17.1 All non-medical prescribers must ensure that the patient is aware of the scope and limits of their prescribing and how the patient can obtain other items necessary for their care.

17.2 Non-medical prescribers are expected to prescribe in accordance with their level of clinical competence.

17.3 Non-medical prescribers cannot prescribe for their own personal use or that of relatives and staff.

17.4 Non-medical prescribers may use the following methods to prescribe:

- Hospital in-patient prescription form or sheet to be used for in-patient and discharge supplies.
- Hospital outpatient prescription forms to be dispensed in the pharmacy only.
- Hospital A&E prescription forms to be dispensed in the Hospital pharmacy only.
- FP10s printed with the name of the speciality.

17.5 FP10 prescriptions are controlled stationary and must never be left unattended or presigned when blank. These prescriptions are strictly controlled and monitored within the trust and all prescribers must follow the procedures outlined in the FP10 Order Policy.

17.6 Any concerns arising over the available security provision or security of buildings where FP10s are kept must be brought to the attention of the Clinical Departmental Manager and the Chief Pharmacist.

17.7 In the event of loss or suspected theft of a prescription pad, the non-medical prescriber must report this immediately to:

- The Clinical Departmental Manager (Line Manger)
- The Chief Pharmacist
- Trust Security

18. Completing the prescription forms

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

18.2 Non-medical prescribers will prescribe on the existing outpatient prescription form or on the in-patient prescription charts and/or the discharge prescription sheets or electronic discharge letter.

18.3 Prescriptions written on outpatient prescription forms, in-patient prescription charts, discharge prescription sheets and FP10s, should be marked **'NP'** nurse prescriber**, 'PP'** pharmacy prescriber **'SP'** supplementary prescriber following the signature to allow easy identification by pharmacy. When using FP10s the PIN number of the non-medical prescriber should also be written at the top of the form.

19. Mixing of drugs

19.1 Doctors and dentists who can already mix medicines themselves will be able to direct others to mix (other than a pharmacist under existing legislative provisions, or by a person holding a manufacturer's licence).

19.2 Non-medical prescribers will also be able to mix medicines themselves or direct others to mix, as above.

19.3 This will apply to "all clinical areas where the mixing of medicines is accepted practice".

19.4 Nurse and pharmacist independent prescribers will be able to prescribe unlicensed medicines of their patients, on the same basis as doctors and supplementary prescribers.

19.5 Nurse and pharmacist independent prescribers, as well as supplementary prescribers acting in accordance with the terms of a clinical management plan for an individual patient, are authorised to mix any drugs listed in schedules 2-5 of the Misuse of Drugs Regulations prior to administration. Persons acting in accordance with the written directions of a nurse or pharmacist independent prescriber or, a supplementary prescriber when acting in accordance with the terms of a clinical management plan, are authorised to mix drugs listed in schedules 2-5.

19.6 The above information is available on the MHRA website.

20. Patient records

20.1 All non-medical prescribers are required to keep contemporaneous records in line with *the NMC Guidelines for Records and Record keeping (2002).* The Pharmacists should refer to *The General Pharmaceutical Council Code of Ethics and Standards,* Part 3:5 service specification/patients' medication records.

20.2 A record of the prescription issued by the non-medical prescriber must be entered into the patient records at the time of writing. Where it is not possible for a non-medical prescriber to make a contemporaneous record in the main medical record, the non-medical prescriber should make a contemporaneous record, which is then added to the main medical record within 24 or 48 hours of consultation (Department of Health, Record Keeping, 70FR, page 8726, 2005).

20.3 The patients' GP must be informed of any changes in the treatment plans through discharge letters.

21. Adverse Reaction Reporting

21.1 If a patient experiences an adverse reaction to a medicine or dressing, the non-medical prescriber should notify the MHRA using the 'Yellow Card' scheme for reporting adverse reactions. The incident must be recorded in the patient's health records.

21.2 If a patient suffers harm, or if harm could have been caused to the patient (a near miss), the incident or near miss should be reported by the non-medical prescriber as per Trust Policy (incident form).

21.3 The MHRA/CSM encourage the reporting of all suspected adverse drug reactions to newly licensed medicines that are under intensive monitoring/surveillance (identified by a ▼ symbol both on the product information for the drug and in the BNF and MIMS), and all serious suspected adverse drug reactions to all other established medicines, including herbal medicines. Serious reactions include those that are fatal; life threatening, disabling, incapacitating or which result in or prolong hospitalisation and/or are medically significant. The electronic Yellow Card, together with instructions on how to use it, is available at www.yellowcard.gov.uk

22. Working with the Pharmaceutical Industry

22.1 The pharmacy department can provide guidance / advice on contact with the Pharmaceutical Industry.

22.2 The Trust Policy on accepting hospitality / gifts / benefits must be adhered to.

23. Legal Liability

23.1 When a non-medical prescriber has fulfilled and completed the approved training, they are registered as a non-medical prescriber and they practice in accordance with this policy. The Trust is held vicariously liable for his/her actions.

23.2 In addition, non-medical prescribers are professionally accountable to their respective professional bodies (NMC, RPSGB, etc.) and must act at all times in accordance with their respective codes of conduct.

23.3 It is advised that non-medical prescribers obtain additional professional indemnity.

23.4 Failure to comply with the Trusts current Medicines Management Policy and prescribing formulary may result in disciplinary action being taken in line with Mid Essex Hospital Services NHS Trust Disciplinary Policy.

24. Audit and Clinical Governance

24.1 All non-medical prescribers are responsible for their own individual practice and must together with their clinical lead put in place specific actions to regularly evaluate the safety, effectiveness, appropriateness and acceptability of their prescribing.

24.2 All non-medical prescribers have a professional responsibility to keep up to date with clinical and professional developments, as well as with best prescribing practice and management of conditions for which they prescribe.

24.3 The DoH recommends that employers ensure that non-medical prescribers have access to relevant education and training provision.

24.4 The MEHT NMP Faculty will meet at least annually and all NMPs are required to attend to maintain their position on the register. In addition the faculty may hold other meetings and provide information for NMPs as required.

25. References

Department of Health Publications www.gov.uk

Department of Health: Supplementary prescribing by Nurses, pharmacists, chiropodists/podiatrists, physiotherapists and radiographers within the NHS in England: A Guide for Implementation. Department of Health: London (2005)

Department of Health: Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England. Gateway ref:

6429 (page 2 paragraph 7: 04.2006)

Department of Health: Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England. Gateway ref: 6429 (page 3 paragraph 11: 04.2006)

Department of Health: Improving Patients 'Access to Medicines': A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England. Gateway. ref: 6429, (page 16 paragraph 54: 04. 2006)

Drug infozone www.druginfozone.nhs.uk

Extending Independent Nurse Prescribing within the NHS in England. A Guide for Implementation (2nd Edition - February 2004)

Maintaining Competency in Prescribing: an Outline Framework to Help Nurse Prescribers (2001) National Prescribing Centre, Liverpool.

Maintaining Competency in Prescribing: an Outline Framework to Help Pharmacist Supplementary Prescribers (2003)

MeReC Briefing Issue No 23

Mid Essex Hospital Services NHS Trust, Medicines Management Policy

National Prescribing Centre www.npc.co.uk

NMC Code, standards of conduct, performance and ethics for nurses and midwives. (2008)

NMC Standards for medicines management. (August 2008)
NMC 'Standards of proficiency for Nurse and midwife prescribers' Protecting the public through professional standards 2006, page 29: paragraph 18.

Update on Legal Changes for Prescribing, Supply and Administration of Medicines: Drug Infozone (March 2004)

Supplementary Prescribing by Nurses and Pharmacists within the NHS in England. A Guide for Implementation (March 2003)

Mid Essex Hospital NHS Trust Disciplinary Policy – add date

Mid Essex Hospital NHS Trust Pharmacy Department Formulary (up to date list found on Trust Intranet)

http://www.mhra.gov.uk/Howweregulate/Medicines/Medicinesregulatorynews/CON051822 On

26. Acknowledgements

Whittington Hospital NHS Trust
St Mary's Hospital NHS Trust
West Hertfordshire Hospital NHS Trust

APPENDIX 1

TEMPLATE CMP 1 (BLANK): FOR TEAMS THAT HAVE FULL CO-TERMINOUS ACCESS TO PATIENT RECORDS (INPATIENTS)

<table>
<tr><td colspan="2">Patient Surname:
First Name:</td><td colspan="3">Patient medication sensitivities/allergies:</td></tr>
<tr><td colspan="2">Patient Hospital Number</td><td colspan="3">Date of birth:</td></tr>
<tr><td colspan="2">Independent Prescriber(s):</td><td colspan="3">Supplementary Prescriber(s)</td></tr>
<tr><td colspan="2">Condition(s) to be treated</td><td colspan="3">Aim of treatment</td></tr>
<tr><td colspan="5">Medicines that may be prescribed by SP:</td></tr>
<tr><td>Preparation</td><td>Indication</td><td>Dose schedule</td><td colspan="2">Specific indications for referral back to the IP</td></tr>
<tr><td colspan="5">Guidelines or protocols supporting Clinical Management Plan:</td></tr>
<tr><td colspan="5">Frequency of review and monitoring by:</td></tr>
<tr><td colspan="5">Supplementary prescriber Supplementary Prescriber and Independent Prescriber</td></tr>
<tr><td colspan="5">Process for reporting ADRs:</td></tr>
<tr><td colspan="5">Shared record to be used by IP and SP:</td></tr>
<tr><td>Agreed by Independent Prescriber(s)</td><td>Date</td><td>Agreed by Supplementary Prescriber(s)</td><td>Date</td><td>Date agreed with patient/carer</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
</table>

APPENDIX 2

TEMPLATE CMP 2 (BLANK): FOR TEAMS WHERE THE SP DOES NOT HAVE CO-TERMINOUS ACCESS TO THE MEDICAL RECORD (FOR EXAMPLE, MINOR INJURY UNITS)

<table>
<tr><td colspan="3">Patient Surname:
First Name:</td><td colspan="3">Patient medication sensitivities/allergies:</td></tr>
<tr><td colspan="3">Patient Hospital Number:</td><td colspan="3">Date of Birth:</td></tr>
<tr><td colspan="3">Current medication:</td><td colspan="3">Medical history:</td></tr>
<tr><td colspan="3">Independent Prescriber(s):

Contact details: [tel/email/address]</td><td colspan="3">Supplementary Prescriber(s):

Contact details: [tel/email/address]</td></tr>
<tr><td colspan="3">Condition(s) to be treated:</td><td colspan="3">Aim of treatment:</td></tr>
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<tr><td></td><td></td><td colspan="2"></td><td></td><td></td></tr>
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