

<b>Meeting: Primary Care Commissioning Committee</b>			
<b>Meeting Date</b>	27 March 2019	<b>Action</b>	Approve
<b>Item No.</b>	9	<b>Confidential</b>	No
<b>Title</b>	Non-Medical Prescribing Policy		
<b>Presented By</b>	Jeanette Tilstone, Head of Medicines Optimisation		
<b>Author</b>	Salina Callighan, NMP Lead & Medicines Optimisation Pharmacist		
<b>Clinical Lead</b>	Nigget Saleem, NHS Bury Clinical Lead - Medicines Optimisation		

<b>Executive Summary</b>
<p>Whilst NHS Bury CCG now has a designated Non-Medical Prescribing (NMP) Lead, it does not have a strategy around Non-Medical Prescribing to provide assurance around current prescribers and to promote further development of this resource which is becoming essential for the successful transformation of primary care services.</p> <p>This policy sets out a framework to establish a consistent approach for Non-Medical Prescribing within the CCG. It applies to all registered nurses, pharmacists and other appropriate allied health professionals employed by a GP practice (or other provider linked to the CCG prescribing budget where the provider does not have its own NMP Lead) who, in accordance with their job descriptions, undertake prescribing as part of their role.</p> <p>It has been developed to ensure that prescribing by Non-Medical Prescribers is managed and governed robustly in GP practices and the CCG, and to ensure:</p> <ul style="list-style-type: none"> <li>Professional and statutory obligations are met</li> <li>Prescribing benefits patient care by improving access to medicines</li> <li>Robust standards are in place for non-medical prescribing</li> <li>Clarification on accountability and responsibility</li> <li>There is a framework and guidance under which potential applicants can determine eligibility to undertake an approved prescribing program.</li> </ul> <p>There are currently 77 Non-Medical Prescribers prescribing for Bury patients. This policy, once approved and implemented, will apply to existing and aspiring NMPs.</p>
<b>Recommendations</b>
<p>It is recommended that the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> <li>Approve the Clinical Cabinet's recommendation for the policy to be adopted and implemented across Bury.</li> </ul>

<b>Links to CCG Strategic Objectives</b>	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input checked="" type="checkbox"/>

To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input checked="" type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	No
GBAF <i>[Insert Risk Number and Detail Here]</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
People you have worked with or consulted during the process : <i>Quality (Director of Nursing and Quality)</i>						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers about the risk register.</i>						

Governance and Reporting			
Meeting	Date	Outcome	
Primary Care Workstream Group	06/02/2019	Recommended that the policy is approved and implemented and that all Non-Medical Prescribers working in Bury will be required to adhere to it.	
Clinical Cabinet	06/02/2019	ID	Type
		DC/02/06/02/19	Decision
		The Clinical Cabinet: Considered the policy and supported the content prior to ratification at Primary Care Commissioning Committee.	
Primary Care Commissioning Committee	27/03/2019	For ratification.	

## Non-Medical Prescribing Policy

### 1. Introduction and background

- 1.1. Whilst NHS Bury CCG now has a designated Non-Medical Prescribing (NMP) Lead, it does not have a strategy around Non-Medical Prescribing which defines the role of the NMP Lead in maintaining communication; cascading information; and monitoring, promoting and coordinating Non-Medical Prescribing support and training. The CCG requires assurance around Non-Medical Prescribing already performed within member practices for Bury patients, and there is no such governance structure in place.
- 1.2. Without a defined NMP policy there may be a lack of support for current Non-Medical Prescribers particularly those working in isolation, with a risk that staff competencies are not maintained which will impact on prescribing quality and safety.
- 1.3. There are currently 77 Non-Medical Prescribers prescribing in Bury.

### 2. The Non-Medical Prescribing Policy

- 2.1. The policy has been developed to ensure a consistent approach to Non-Medical Prescribing across Bury.
- 2.2. It applies to all registered nurses, pharmacists and other appropriate allied health professionals employed by a GP practice (or other provider linked to the CCG prescribing budget where the provider does not have its own NMP Lead) who, in accordance with their job descriptions, undertake prescribing as part of their role.
- 2.3. It has been developed to ensure that prescribing by Non-Medical Prescribers is managed and governed robustly, and to ensure:
  - 2.3.1. Professional and statutory obligations are met;
  - 2.3.2. Prescribing benefits patient care by improving access to medicines;
  - 2.3.3. Robust standards are in place for non-medical prescribing;
  - 2.3.4. There is clarity on accountability and responsibility;
  - 2.3.5. There is a framework and guidance under which potential applicants can determine eligibility to undertake an approved prescribing program.

### 3 Associated Risks

- 3.1 There are no anticipated risks to adopting and implementing this policy, however if no action is taken:
  - 3.1.1 The CCG will continue to have no assurance around Non-Medical Prescribing already performed within member practices for Bury patients.
  - 3.1.2 A lack of leadership to further develop Non-Medical prescribing in Bury may result in restricting development in primary care services.
  - 3.1.3 As stated previously, without a defined NMP policy there may be a lack of support for

current Non-Medical Prescribers particularly those working in isolation, with a risk that staff competencies are not maintained which will impact on prescribing quality and safety.

#### **4 Update from Clinical Cabinet 6.2.19**

4.1 In February 2019 the Clinical Cabinet received a paper, Non-Medical Prescribing Policy and the following points were considered:

- The policy is the same in most areas where there is a NMP policy in place.
- Some non-medical prescribers do not have scrutiny; new prescribers do not know the governance arrangements. The CCG needs to ensure new prescribers come into practices they have that support and medical back up from a clinical lead.
- There is a request for prescribers to submit an annual declaration with regard to their prescribing and mentor details. The policing of this will be overseen by the NMP lead.

4.2 Members were supportive of the policy and felt it was comprehensive and clear. Clinical Cabinet considered the policy and supported the content prior to ratification at Primary Care Commissioning Committee.

#### **5 Recommendations**

It is recommended that the Primary Care Commissioning Committee:

- Approve the Clinical Cabinet's recommendation for the policy to be adopted and implemented across Bury.

#### **6 Actions Required**

Primary Care Commissioning Committee is requested to approve the policy for adoption and implementation across Bury.

**Jeanette Tilstone**

Head of Medicines Optimisation

[Jeanette.tilstone@nhs.net](mailto:Jeanette.tilstone@nhs.net)

March 2019

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# Non-Medical Prescribing Policy

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<b>Version:</b>	1.0
<b>Ratified by:</b>	NHS Bury CCG Clinical Cabinet
<b>Date ratified:</b>	February 2019
<b>Name of originator /author (s):</b>	Salina Callighan Non-Medical Prescribing Lead
<b>Responsible Committee / individual:</b>	NHS Bury CCG Clinical Cabinet
<b>Date issued:</b>	February 2019
<b>Review date:</b>	December 2021
<b>Target audience:</b>	Bury Clinical Commissioning Group Members, Staff and local providers linked to the CCG prescribing budget
<b>Impact Assessed:</b>	November 2018

## Further information regarding this document

<b>Document name</b>	Non-Medical Prescribing Policy
<b>Category of Document in The Policy Schedule</b>	Governance
<b>Author(s) Contact(s) for further information about this document</b>	Salina Callighan Non-Medical Prescribing Lead
<b>This document should be read in conjunction with</b>	NHS Bury CCG Conflict of Interest Policy NHS Bury CCG Joint Working with Industry Policy
<b>Supersedes</b>	N/A
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<b>Copies of this document are available from</b>	Medicines Optimisation Team NHS Bury CCG website

## Version Control

<b>Version History:</b>		
<b>Version Number</b>	<b>Reviewing Committee / Officer</b>	<b>Date</b>
V0.1	Salina Callighan Non-Medical Prescribing Lead	4/11/18
V0.2	Catherine Jackson Executive Nurse Director of Nursing & Quality	2/1/19
V1.0	Ratified – document version changed to 1.0	12/3/19

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# Non-Medical Prescribing Policy

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## **1. POLICY STATEMENT**

- 1.1 This policy sets out a framework for Non-Medical Prescribing within the Clinical Commissioning Group (CCG), to establish a consistent approach to Non-Medical Prescribing.
- 1.2 This policy applies to all registered nurses, pharmacists and other appropriate allied health professionals employed by a GP practice (or other provider linked to the CCG prescribing budget where the provider does not have its own Non-Medical Prescribing Lead) who, in accordance with their job description, undertakes prescribing as part of their role.
- 1.3 This policy relates to all Non-Medical Prescribing activity within the CCG undertaken by the individuals in section 1.2.

## **2. PURPOSE**

- 2.1 This policy has been developed to ensure that prescribing by Non-Medical Prescribers (NMP) is managed and governed robustly in GP practices and the CCG, and to ensure:
  - Professional and statutory obligations are met.
  - Prescribing benefits patient care by improving access to medicines.
  - Robust standards are in place for Non-Medical Prescribing.
  - Clarification on accountability and responsibility.
  - There is a process under which potential applicants can determine eligibility to undertake an approved prescribing program.
  - Ensure Non-Medical Prescribers are supported in their role and can access relevant continued professional development and guidance.
- 2.2 The principles that underpin Non-Medical Prescribing are to:
  - Improve patient care without compromising patient safety.
  - Make it easier for patients to get the medicines they need.
  - Increase patient choice in accessing medicines.
  - Make better use of the skills of health professionals.
  - Contribute to the introduction of more flexible teams working within GP practices or commissioned services.



### **3. DEFINITIONS**

Non-Medical Prescribers can be described as Supplementary or Independent.

#### **3.1 Supplementary Prescriber**

3.1.1 Supplementary prescribing is considered to be a prescribing partnership between an Independent Prescriber (doctor or dentist) and a Supplementary Prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement.

3.1.2 Any first level registered nurse, pharmacist, physiotherapist, podiatrist/chiroprapist, paramedic, optometrist, diagnostic & therapeutic radiographer and most recently dietician whose name is held on the relevant professional register, with an annotation signifying that the practitioner has successfully completed an approved programme of preparation and training for Supplementary Prescribers.

3.1.3 Medical Prescribers and Supplementary Prescribers must share the same common patient record. Supplementary Prescribers must only ever prescribe within their own level of experience and competence.

3.1.4 Medicines prescribed by a doctor or dentist at the expense of the NHS which refer to the patient's clinical management plan, can be prescribed by a Supplementary Prescriber if they are:

- General sales list medicines (GSL).
- Prescription only medicines (POM).
- Off-label prescribing (medicines for use outside the licensed indication), black triangle medicines, and drugs marked less suitable for prescribing in the BNF.
- Unlicensed medicines where there is no licensed alternative (the full responsibility and accountability lies with the prescriber including overseeing the patient's care, monitoring and follow-up).

The Supplementary Prescriber should NOT prescribe any medicine that they do not feel competent to prescribe.

#### **3.2 Independent Prescriber**

3.2.1 Independent prescribing is considered to be prescribing by a practitioner (i.e. doctor, dentist, nurse, pharmacist, physiotherapist, podiatrist/chiroprapist, paramedic, optometrist and therapeutic radiographer) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. The term 'appropriate practitioner' is used in medicines legislation. The type of Independent Prescriber depends on the qualification code (i.e. V100, V150 or V300).

3.2.2 Other allied health professional Independent Prescribers include physiotherapist, podiatrist/chiropracist, paramedics, optometrists and therapeutic radiographers. They must be a registered practitioner whose name is held on the membership of the Health and Care Professions Council (HCPC), with an annotation signifying that the practitioner has successfully completed an education and training programme accredited by the HCPC and is qualified as an Independent Prescriber.

### 3.2.3 Community Practitioner Nurse Prescribing (CPNP) (V100)

3.2.3.1 Applicants must provide evidence of meeting the Nursing and Midwifery Council (NMC) criteria for eligibility to undertake an integrated prescribing programme as part of the Specialist Practitioner/Specialist Community Public Health Nursing Award. The applicant must:

- Be a first level registered nurse and/or midwife, and
- Intend to practice in an area of clinical need for which prescribing from the Community Practitioner Formulary will improve patient care and service.

3.2.3.2 This training is incorporated into the specialist training for district nurses and health visitors, and is an optional module for other community nurses studying a specialist practitioner qualification.

### 3.2.4 CPNP for nurses **without** a community specialist practitioner qualification (V150)

3.2.4.1 This is aimed at community nurses who need to prescribe to complete episodes of care, where the Nurse Prescribing Formulary for Community Practitioners (NPFCEP) is adequate for their role (and undertaking the V300 course would be unnecessary and impractical for the needs of their service).

3.2.4.2 They must meet the criteria listed above and have at least 2 years post-registration experience and evidence of degree level study within the previous 6 years.

3.2.4.3 Both V100 and V150 prescribers are restricted to prescribing from the NPFCEP (refer to current British National Formulary, BNF). The NPFCEP includes appliances, dressings, emollients, smoking cessation products and some medicines.

3.2.4.4 The V150 course is 10 taught days over 3-5 months, and 10 supervised practice days with a nurse mentor who is a practicing prescriber preferably in the same field as the candidate.

### 3.2.5 Nurse Independent Prescriber (V300)

3.2.5.1 A Nurse Independent Prescriber must be a first level registered nurse, midwife or specialist community public health nurse whose name in each case is held on the appropriate part of the NMC professional register, with an annotation signifying

that the nurse has successfully completed an approved programme of preparation and training for Independent Prescribing.

3.2.5.2 Nurse Independent Prescribers are able to prescribe any medicine for any medical condition. This includes unlicensed medicines, where there is no licensed alternative. The full responsibility and accountability lies with the prescriber including overseeing the patient's care, monitoring and follow-up.

3.2.5.3 Nurse Independent Prescribers can prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 Controlled Drugs; this includes diamorphine, dipipanone or cocaine for treating organic disease or injury **but not for treating addiction**.

3.2.5.4 Nurse Independent Prescribers must only ever prescribe within their own level of experience and competence.

### 3.2.6 Pharmacist Independent Prescriber (known as V300)

3.2.6.1 A Pharmacist Independent Prescriber must be a registered pharmacist whose name is held on the membership register of the General Pharmaceutical Council (GPhC), with an annotation signifying that the pharmacist has successfully completed an education and training programme accredited by the GPhC and is qualified as an Independent Prescriber.

3.2.6.2 Pharmacist Independent Prescribers can prescribe any medicine for any medical condition. This includes unlicensed medicines, where there is no licensed alternative. The full responsibility and accountability lies with the prescriber including overseeing the patient's care, monitoring and follow-up.

3.2.6.3 Pharmacist Independent Prescribers can prescribe, administer, and give directions for the administration of Schedule 2, 3, 4, and 5 Controlled Drugs; this includes diamorphine, dipipanone or cocaine for treating organic disease or injury **but not for treating addiction**.

3.2.6.4 Pharmacist Independent Prescribers must only ever prescribe within their own level of experience and competence.

### 3.2.7 Physiotherapist Independent Prescribers

3.2.7.1 Physiotherapist Independent Prescribers can prescribe any medicine for any medical condition. This includes "off-label" medicines subject to accepted clinical good practice. They are also allowed to prescribe the following Controlled Drugs: oral or injectable morphine, transdermal fentanyl and oral diazepam, dihydrocodeine, lorazepam, oxycodone or temazepam.

3.2.7.2 Physiotherapist Independent Prescribers must only ever prescribe within their own level of experience and competence.

### 3.2.8 Podiatrist/Chiropodist

- 3.2.8.1 Podiatrist/Chiropodist Independent Prescribers can prescribe any medicine for any medical condition. This includes “off-label” medicines subject to accepted clinical good practice. They are also allowed to prescribe the following Controlled Drugs for oral administration: diazepam, dihydrocodeine, lorazepam and temazepam.
- 3.2.8.2 Podiatrist/Chiropodist Independent Prescribers must work within their own level of professional competence and expertise.

### 3.2.9 Paramedic

- 3.2.9.1 Paramedic Independent Prescribers can prescribe any medicine for any medical condition excluding Controlled Drugs. This includes “off-label” medicines subject to accepted clinical good practice.
- 3.2.9.2 Paramedic Independent Prescribers must only ever prescribe within their own level of experience and competence.

### 3.2.10 Optometrists

- 3.2.10.1 Optometrist Independent Prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and the tissues surrounding the eye, except Controlled Drugs or medicines for parenteral administration.
- 3.2.10.2 Optometrist Independent Prescribers must work within their own level of professional competence and expertise.

### 3.2.11 Therapeutic Radiographers

- 3.2.11.1 Therapeutic Radiographer Independent Prescribers can prescribe any medicine for any medical condition except Controlled Drugs. This includes “off-label” medicines subject to accepted clinical good practice.
- 3.2.11.2 Therapeutic Radiographer Independent Prescribers must work within their own level of professional competence and expertise.

## 3.3 Designated Medical Practitioner (DMP)

- 3.3.1 A DMP is required for all students undertaking the prescribing programme. The DMP is a registered medical practitioner, usually based at the same site as the student, who is willing to contribute to and supervise 12 days of learning in practice.
- 3.3.2 For further information, contact the candidates’ university for a DMP handbook. The responsibilities of the DMP are also laid out in the document ‘Training Non-Medical Prescribers in practice. A guide to help doctors prepare for and carry out the role of Designated Medical Practitioner’ (National Prescribing Centre, 2005) which can be accessed via the link below.

### **3.4 Mentor**

- 3.4.1 A mentor is a registered medical practitioner nominated in the practice or service where the Non-Medical Prescriber is employed to provide support, mentorship, meet regularly and to monitor the prescriber's continued professional development (CPD) portfolio for assurance purposes.
- 3.4.2 The mentor co-signs the Non-Medical Prescribers Approval to Practice form (appendix I) to agree their scope of prescribing practice.
- 3.4.3 The mentor may have previously been the DMP when they were a Non-Medical Prescribing student. For supplementary prescribers, the mentor may be the Independent Prescriber named on the clinical management plan. All Non-Medical Prescribers should have a mentor.

### **3.5 Patient Group Direction (PGD)**

- 3.5.1 A PGD is defined as a written instruction for the supply and/or administration of medicines to a group or groups of patients who may not be individually identified before presentation of treatment. It is NOT a form of prescribing.

### **3.6 Patient Specific Direction (PSD)**

- 3.6.1 A PSD is a written instruction and can be used when an individual patient is assessed by a prescriber, including a Non-Medical Prescriber. The instruction allows another health care professional to supply or administer a medicine directly to a patient.

## **4. ROLES AND RESPONSIBILITIES**

This section contains an overview of the responsibilities, duties and accountability of the individual, their employer and the CCG.

### **4.1 The Non-Medical Prescriber will:**

- Adhere to their professional code of conduct and to this policy.
- Ensure they are registered with the relevant professional body and have appropriate indemnity insurance.
- Act only within and not beyond the boundaries of their knowledge and competence.
- Complete the Approval to Practice form detailing the agreed scope of practice and areas of prescribing from the BNF. This should be agreed and signed by the mentor and kept in the NMP's own portfolio. (Do not submit this form unless requested by

the CCG NMP Lead). This should be updated as necessary; it is good practice for it to be reviewed and signed by the mentor at least annually.

- Submit an Annual Declaration Form (appendix II) to the CCG.
- Resubmit a declaration where competencies change following discussion with the mentor and appropriate training has been undertaken.
- Ensure they provide evidence-based, safe and cost-effective prescribing at all times and adhere to the Greater Manchester Medicines Group (GMMMGM) formulary and guidelines.
- Ensure their prescribing competency is maintained and updated by means of CPD as directed by their governing body.
- Review prescribing data sent by the CCG on a quarterly basis to ensure:
  - Prescribing continues to follow the most recent evidence based guidance (e.g. NICE, GMMMGM).
  - Prescribing is within own scope of practice as agreed in the Approval to Practice form.
  - Prescribing is safe and cost-effective.
- If required, meet with their mentor and/or CCG NMP Lead to ensure prescribing is within competencies as defined in their Approval to practice form.
- Ensure their patients are made aware of the scope and limits of Non-Medical Prescribing and to ensure patients understand their rights in relation to Non-Medical Prescribing.
- Participate in audits as directed by the CCG.

#### **4.2 The employer e.g. GP practice will:**

- Ensure the appropriate healthcare professionals meet the criteria to attend the Non-Medical Prescribing course.
- Identify a mentor/DMP.
- Ensure the NMP has access to a prescribing budget.
- Ensure the NMP is registered to practice with the relevant professional body and has appropriate indemnity insurance.
- Complete and return the Non-Medical Prescribing Leavers or Joiners Employer Assurance form (appendix III) within 5 working days to the CCG NMP Lead when a new NMP is to commence prescribing in the practice for registration with NHSBSA.
- Ensure job descriptions are updated to reflect the prescribing role.

- Ensure robust SOPs are in place for ordering, supply and destruction of prescription pads.
- Have a locked facility for prescription pads (if required).
- Ensure the NMP is prescribing within their area of competency.
- Ensure NMP attends supervision and has access to appropriate continuing professional development (CPD) opportunities.
- Monitor the NMP's CPD portfolio at agreed levels, at least once a year.
- Ensure individual quarterly prescribing data is reviewed by the prescriber, when necessary, their mentor and provide assurances to the CCG NMP lead that auditing is taking place when requested.
- If necessary investigate any anomalies and provide feedback to the CCG.
- Inform the CCG NMP lead of any prescribing issues and support with any investigations.
- Complete and return the Non-Medical Prescribing Leavers or Joiners Employer Assurance form (appendix III) to the CCG NMP Lead with 5 working days when a NMP leaves the practice.

#### **4.3 The Clinical Commissioning Group (CCG) will:**

- Ensure an up to date register of Non-Medical Prescribers is maintained.
- Circulate prescribing data at quarterly intervals, which will be audited by the Non-Medical Prescriber with their mentor or other medical practitioner.
- Monitor prescribing data on a regular basis (at least annually).
- Highlight any prescribing issues and escalate those have not been addressed at a practice level.
- Monitor submissions of Annual Declaration Forms and escalate where appropriate.
- Register and de-register NMPs with NHSBSA.

## **5. APPLYING TO THE NMP COURSE**

### **5.1 Practitioners wishing to train as a Non-Medical Prescriber need to ensure they meet the criteria for the course as below:**

- Usually 2-3 years clinical/patient orientated experience.

- Have the appropriate skills and knowledge in history taking, clinical assessment and diagnosis within the field of practice they intend to prescribe.
- Have the appropriate numeracy skills to undertake drug calculations.

*Practitioners without the skills described above must attend a clinical skills/diagnostics course. This must be completed within a year prior to starting the prescribing course.*

- Identify the therapeutic area and field where prescribing is intended (must already have considerable expertise). Must be able to demonstrate how undertaking a prescribing course will benefit the needs of patients and the service.
- Identify an appropriate DMP and comply with any pre-course requirements for any entry on the course e.g. numeracy assessment.
- Ensure the employer agrees to release them for the course requirements: 26 days in University and 12 days practice supervision.
- Attend University-taught sessions and avoid booking annual leave for the relevant University days.
- Complete an Expression of Interest Form (appendix IV).
- Contact the CCG NMP Lead and ensure all relevant paperwork is fully completed.

## **5.2 The employer should:**

- Have identified a prescribing role and be confident that the criteria in section 5.1 will be met.
- Only nominate candidates who meet the criteria for the course and will prescribe as part of their role.
- Provide support to the practitioner and release them for the pre-requisite number of days as well as time with their DMP.
- Have the capacity in the practice to allow the qualified practitioner to prescribe within their role, both safely and effectively.

## **6. LEGAL AND CLINICAL LIABILITY**

- 6.1 Each qualified NMP is individually and professionally accountable for all aspects of their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person.
- 6.2 They should prescribe within the locally agreed formulary, guidance and policies.



- 6.3 When a NMP is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions.
- 6.4 Both employer and employee should ensure that the employee's job description is updated to include a clear statement that prescribing is required as part of the duties of that post.
- 6.5 The NMC requires employers to have the clinical governance infrastructure in place which includes a Disclosure and Barring Service check and evidence of up to date registration with their professional body to enable the registrant to prescribe once qualified.
- 6.6 Each NMP is expected at all times to work within the standards and codes of professional conduct as set out by their own regulatory body.
- 6.7 All prescribers should ensure they have adequate professional indemnity insurance that covers them for the scope of their prescribing practice.
- 6.8 Only NMPs with relevant knowledge, competence, skills and experience should prescribe for children as indicated on the Approval to Practice form.
- 6.9 Agency staff working on an ad-hoc basis are not authorised to work as NMPs unless agreed by the CCG. All NMPs prescribing against the CCG prescribing budget must be listed on the CCG NMP register and registered to the appropriate cost code with NHSBSA. For further information, contact the CCG NMP Lead for advice.
- 6.10 All qualified NMPs need to complete an Approval to Practice form for EACH PRACTICE they work in.
- 6.11 NMPs must ensure that patients are aware of the scope and limits of their prescribing. Therefore there may be circumstances where the patient has to be referred on to another healthcare professional to access other aspects of their care.
- 6.12 Transcribing is the term used when writing medication from one direction to supply or administer to another. NMPs cannot sign off transcribed medication unless they are confident that they have assessed the patient, understand the condition being treated and the prescriptions are within their own area of competence.
- 6.13 NMPs must not prescribe for themselves. Neither should they prescribe for anyone with whom they have a close personal or emotional relationship, other than in exceptional circumstances. Refer to the relevant professional bodies' standards and code of ethics.
- 6.14 NMPs must be able to recognise and deal with pressures that might result in inappropriate prescribing and conflicts of interest. Pharmaceutical companies that are members of the Association of British Pharmaceutical Industry (ABPI) are required to comply with the ABPI Code of practice for the Pharmaceutical Industry 2008, which regulates the promotion of prescription medicines and certain other non-promotional activities. For further information, refer to the CCG Conflicts of Interest

Policy and Joint Working with Industry Policy available via the CCG website or contact the CCG NMP Lead.

- 6.15 NMPs issuing a repeat prescription are responsible and accountable as the signatory of that prescription. They should be familiar with the patient, their condition; the medications required and remain within their scope of practice.
- 6.16 Nurse and Pharmacist Independent Prescribers may prescribe medicines for uses outside their licensed indications/UK marketing authorisation (off-label) or unlicensed medicines. In doing so they accept professional, clinical and legal responsibility for that prescription and should only prescribe off label/unlicensed medication where it is accepted clinical practice and in accordance with the local formulary.
- 6.17 In order to prescribe off label, the following conditions apply. The prescriber:
- Is satisfied that it would better serve the patient's needs than a licensed alternative.
  - Is satisfied that there is sufficient evidence base to demonstrate its safety and efficacy.
  - Should explain to the patient in broad terms why the medicines are not licensed.
  - Must make clear, accurate and legible records for the decision to prescribe all medicines.
- 6.18 NMPs should where possible separate prescribing and supply or administration in relation to medicines. In exceptional circumstances where the NMP is involved in both the prescribing and administration of medicines a second suitably competent practitioner should be involved in checking the accuracy of the medication provided.
- 6.19 NMPs should ensure that the person administering the medicine has sufficient information to enable the patient to derive the maximum benefit from it. NMPs will need to use their judgement regarding the competence of the patient or carer to administer the medicines safely and according to instructions, this will include for example:
- That storage is safe and secure and affords environmental protection for the medicine (heat, light, moisture).
  - That the patient/carer understand the reason for taking/using the medicine and the consequences of not doing so.

## **7. PRESCRIBING GUIDANCE**

- 7.1 All healthcare professionals eligible to prescribe within Bury CCG must adhere to GMMMG guidance applicable to primary and secondary care ensuring consistency of prescribing across Greater Manchester. Some key areas have been included below; refer to the GMMMG website for further information. GMMMG guidance is available from <http://gmmmg.nhs.uk/>

### 7.1.1 GMMMG Formulary

The GMMMG formulary ensures that patients receive seamless care across primary and secondary care interface, reducing errors and compliance with relevant clinical guidelines.

[http://gmmmg.nhs.uk/html/formulary\\_bnf\\_chapters.html](http://gmmmg.nhs.uk/html/formulary_bnf_chapters.html)

### 7.1.2 GMMMG Red, Amber, Green (RAG) and Do Not Prescribe (DNP)/GREY List

The RAG list defines where clinical and prescribing responsibility for the listed medicines should lie. The Do Not Prescribe list is a list of drugs that are deemed not suitable for prescribing in primary or secondary care. Drugs classified as GREY drugs are not suitable for prescribing in the general population but may have a place for a defined patient population.

[http://gmmmg.nhs.uk/html/rag\\_dnp\\_adult.php](http://gmmmg.nhs.uk/html/rag_dnp_adult.php)

- 7.1.2.1 Responsibility for prescribing and supply of RED drugs should remain with secondary care. These drugs should not be initiated or prescribed in primary care. All prescription requests for prescribing must be referred back to the secondary care consultant or specialist clinician to continue supply.
- 7.1.2.2 Drugs classified as AMBER drugs are suitable for prescribing in primary care when an authorised in date Shared Care Protocol (SCP) has been supplied to the GP who is taking responsibility for prescribing and the GP is in agreement with the protocol. The prescribing of Amber drugs is usually transferred from secondary to primary care once the patient is stabilised. At times, in accordance with the SCP primary care may initiate an Amber drug under the supervision of secondary care.
- 7.1.2.3 GREEN drugs can be prescribed in primary care either following initiation by secondary care, following a specialist recommendation or from the outset. The ongoing supply of these drugs will remain with the GP.

### 7.1.3 GMMMG Antibiotic guidelines

- 7.1.3.1 The GMMMG Antibiotic guidelines cover prescribing for the treatment of infections commonly encountered in primary care. The guidelines take into account both the need to reduce healthcare associated infections including clostridium difficile and MRSA, and local bacterial resistance patterns. In addition there is also the risk of resistance to antibiotics which is on the increase nationally.

<http://gmmmg.nhs.uk/html/cgp.php>

- 7.1.3.2 In order to demonstrate antimicrobial stewardship there needs to be substantial and sustained change in the prescribing of antibiotics across the CCG by:
- Improving adherence to the GMMMG Antimicrobial Guidelines.
  - Restricting the prescribing of broad spectrum antibiotics particularly cephalosporins, co-amoxiclav and quinolones.

- Restricting the prescribing of clindamycin which has a higher risk of antibiotic-associated colitis.
- Reducing the duration of antibiotic courses where appropriate.
- Utilising a no, or delayed, antibiotic strategy for acute self-limiting infections e.g. upper respiratory tract infection.
- Utilising non-prescription resources to educate patients on self-care and the appropriate use of antibiotics.

## **8. ISSUING PRESCRIPTIONS**

- 8.1 Prescriptions should only be issued by a registered NMP on the CCG NMP register. NMPs may only prescribe on an FP10 prescription form bearing their own name and PIN number.
- 8.2 Prescriptions may only be issued to patients registered with the provider that employs the NMP **and** where they are registered as a prescriber.
- 8.3 All prescriptions must have the NMP's name, PIN number and practice code. It must be signed (electronic signatures on electronic prescriptions) and dated by the named prescriber only.
- 8.4 In most cases no more than 28 days supply of any product should be prescribed at any one time.
- 8.5 Repeat prescriptions can only be issued to enable an ongoing plan of care, which must be re-assessed and recorded in the patient record.

### **8.6 Electronic Prescriptions**

- 8.6.1 The Electronic Prescribing System (EPS) is a way of issuing prescriptions and electronic signing of prescriptions represents the prescriber's authorisation. Authorisation to prescribe electronic prescriptions is via the employer. Electronic prescriptions are signed with an electronic signature, applied using the user's smartcard and passcode.
- Prescriptions sent electronically to the NHS Spine for access by the dispensing pharmacy, must be authorised by the prescriber and this is represented by the electronic signature
  - The signature must not be used by any person other than the authoriser
  - The practice must have a robust protocol for electronic issue of prescriptions including repeat dispensing which addresses any clinical governance and risk management issues.

8.6.2 The employer must ensure that computer systems are correctly set up to avoid prescribers issuing computer generated prescriptions bearing the name of other prescribers within the practice and that administrative staff who deal with computer generated prescriptions are aware.

8.6.3 All computer generated prescriptions must be in accordance with NHSBSA requirements, available from [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk).

## 8.7 Handwritten Prescriptions

8.7.1 NMPs should complete the FP10 prescription form by writing clearly and legibly in black ink with the following information:

- Patient's surname, first name, date of birth, age, and full address and NHS number.
- Name of the product (prescribing should be in accordance with the locally agreed formulary), strength (if any), dosage (if topical application indicate area), frequency, duration and quantity.
- Signed and dated.
- Authority to prescribe is as a Supplementary or Independent prescriber.

8.7.2 There should be a system in place to ensure that the patient's record is updated.

## 8.8 Faxed Prescriptions

8.8.1 A faxed prescription is not a legally valid prescription. Supply against a faxed prescription, therefore, is not a legal supply. Pharmacists may prepare and supply medicines against a fax in anticipation of receiving the original prescription within 72 hours.

8.8.2 Faxing prescriptions should only be done in exceptional circumstances but **NEVER** for supplying a controlled drug.

8.9 If a patient reports a severe or unexpected reaction to a prescribed medicine, it should be documented in the patient's notes together with any subsequent actions. The BNF supports the 'Yellow Card' system which is a vital means of identifying, reporting and collating adverse drug reactions across the UK. Any such event must be reported on a 'Yellow Card' which is available at the back of the BNF or online at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard).

## 9. RECORD KEEPING

9.1 Following a full assessment of the patient, details of this assessment, together with details of the prescription, must be recorded in the patient's record and any other relevant document.

- 9.2 In supplementary prescribing an agreed clinical management plan (CMP), either written or electronic, must be in place in accordance with clinical management plan guidelines. The plan must relate to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient's record.

## **10. SECURITY AND SAFE HANDLING OF PRESCRIPTION PADS**

- 10.1 Controlled stationery is any stationery, which in the wrong hands, could be used to obtain medicines or medical items fraudulently. Prescription pads are considered controlled stationery and are issued by NHS England local services and remain the property of the employer at all times.
- 10.2 There must be a robust system in place at the practice to ensure safe handling of prescription pads.
- 10.3 For further guidance refer to NHSBSA document 'Management and control of prescription forms, March 2018' available at:  
[https://cfa.nhs.uk/resources/downloads/guidance/Management%20and%20control%20of%20prescription%20forms\\_v1.0%20March%202018.pdf](https://cfa.nhs.uk/resources/downloads/guidance/Management%20and%20control%20of%20prescription%20forms_v1.0%20March%202018.pdf)

## **11. CONTROLLED DRUGS**

- 11.1 NMPs must only prescribe controlled drugs if they are legally entitled to do so (refer to section 3). They must not prescribe beyond their limits of competence and experience. This must be stated on their Approval to Practice form and authorised by their employer.
- 11.2 Legally the prescription must include the dosage to avoid uncertainty on administration.

## **12. CLINICAL SUPERVISION AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

- 12.1 Clinical supervision and CPD are essential elements of the clinical governance framework for NMP.
- 12.2 The NMP is responsible for their own on-going professional development and is expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe. Failure to do so may result in removal from the CCG NMP register and inability to practice. CPD requirements should be identified at least annually, during the NMP's appraisal process.
- 12.3 The NMP is required to maintain a CPD portfolio, including a review of prescribing related critical incidents and learning.

- 12.4 The GP mentor and NMP should agree how often they should meet to discuss competencies, prescribing and CPD. The decision should take experience into account. The interval between reviews/audits should be no more than 1 year, but should be more frequent if necessary to support newly qualified prescribers or where there has been a change in role.
- 12.5 The Competency framework supports prescribers to prescribe effectively. It applies to all prescribers and they are expected to work within this framework. This has been endorsed by all professional bodies. It is available via the following link.  
<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>
- For further information refer to prescribers governing body via the following links.  
<https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-of-proficiency-for-nurse-and-midwife-prescribers/>  
<https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber>  
<http://www.hpc-uk.org/aboutregistration/standards/standardsforprescribing/>
- 12.6 Continuing professional development requirements can be met by a number of different methods e.g. reading, clinical supervision, peer/clinical review and shadowing colleagues (particularly useful for those who are newly qualified)

## **13. GOVERNANCE**

### **13.1 Audit**

- 13.1.1 Self-audit is recommended on a regular basis, this can be used to identify areas for CPD and updating scope of practice.
- 13.1.2 NMPs may be asked to participate in CCG wide or national audits.
- 13.1.3 Audit tools may be provided by the CCG to support NMPs.

### **13.2 Prescribing data**

- 13.2.1 The CCG will ensure that individual electronic prescribing data (ePACT) is circulated at quarterly intervals.
- 13.2.2 NMPs should review their own quarterly prescribing data to ensure that all medications prescribed are within their scope of competence (as agreed in the Approval to Practice form). This should be performed jointly with the mentor on an annual basis with evidence this has been completed.
- 13.2.3 The employer of the NMP should ensure that any prescribing anomalies are reviewed and addressed accordingly.

### **13.3 Approval to Practice Form and Annual Declaration Form**

- 13.3.1 The Approval to Practice form defines and reviews safe prescribing parameters. It provides employer assurances around CPD and should be updated at least annually.

13.3.2 The NMP may be required to submit their Approval to Practice form to the CCG NMP Lead when required.

13.3.3 An Annual Declaration form will be completed by every NMP working with Bury CCG and submitted to the CCG NMP Lead. The CCG will ensure an up to date register of NMPs is maintained.

## 14 EQUALITY & QUALITY IMPACT STATEMENT



Equality Impact  
Analysis Form NMP Pc

14.1



Quality Impact  
Assessment NMP Polic

14.2

## 15 MONITORING & REVIEW

15.1 The NMP Lead is responsible for monitoring compliance with this policy.

15.2 This policy will be reviewed every 3 years.

## 16 GLOSSARY

ABPI	Association of British Pharmaceutical Industry
BNF	British National Formulary
CCG	Clinical Commissioning Group
CMP	Clinical Management Plan
CPD	Continuing Professional Development
CPNP	Community Practitioner Nurse Prescribing
DMP	Designated Medical Practitioner
EPS	Electronic Prescribing System
GMMMG	Greater Manchester Medicines Group
GPhC	General Pharmaceutical Council
GSL	General Sales List Medicines
HCAI	Healthcare Associated Infection
HCPC	Health and Care Professions Council
NHSBSA	NHS Business Services Authority
NICE	National Institute for Clinical Excellence
NMC	Nursing and Midwifery Council
NMP	Non-Medical Prescriber
NPFCP	Nurse Prescribing Formulary for Community Practitioners
PGD	Patient Group Direction
POM	Prescription Only Medicines



PSD	Patient Specific Direction
QIPP	Quality Innovation Productivity and Prevention
RPS	Royal Pharmaceutical Society
SCP	Shared Care Protocol

## 17 REFERENCES

British National Formulary (BNF) 76 September 2018 - March 2019  
 Department of Health. 2006 Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England. Accessed November 2018 <https://www.gov.uk/government/organisations/department-of-health-and-social-care>  
 Greater Manchester Medicines Management Group. Accessed November 2018 <http://gmmmg.nhs.uk/>  
 Nursing and Midwifery Council. Standards of proficiency for nurse and midwife prescribers. 2006. Accessed November 2018 <https://www.nmc.org.uk/>  
 Royal Pharmaceutical Society. Prescribing Competency Framework. <https://www.rpharms.com/>

## 18 APPENDICES

- 18.1 Appendix I: Approval to Practice form
- 18.2 Appendix II: Non-Medical Prescribers Annual Declaration form
- 18.3 Appendix III: Non-Medical Prescribing Leavers or Joiners Employer Assurance form
- 18.4 Appendix IV: Expression of Interest form
- 18.5 Appendix V: Process for registering a new Non-Medical Prescriber in Bury CCG

## APPENDIX I: Approval to Practice form

(Not to be submitted to the CCG – to be kept by the Non-medical prescriber)

This form should be completed by the non-medical prescriber and signed by their mentor. This should be reviewed and updated annually (or sooner if scope of practice or competencies change before annual review)

Name			
Job Title			
Work e-mail address (nhs.net preferred)			
Professional registration number			
GP Practice		Mentor	
Computer-generated prescriptions			
Electronic prescribing			
Handwritten using pre-printed prescription pads			
Prescribing areas: <i>A summary of your scope to practice and areas of prescribing from the BNF. Please also identify drug groups within scope of practice (overleaf)</i>			
Prescribing for children (under 12s)			
Prescribing Controlled Drugs			

Drug groups within scope of practice (*tick all that apply*)

Chapter 1: Gastro – intestinal system		Chapter 2: Cardiovascular system	
• Chronic bowel disorders		• Arrhythmias	
• Constipation and bowel cleansing		• Bleeding disorders	
• Diarrhoea		• Blood clots	
• Disorders of gastric acid and ulceration		• Blood pressure conditions	
• Food allergy		• Heart failure	
• Gastrointestinal smooth muscle spasm		• Hyperlipidaemia	
• Liver disorders and related conditions		• Myocardial ischaemia	
• Obesity		• Oedema	
• Rectal and anal disorders		• Vascular disease	
• Reduced exocrine secretions			
• Stoma care			

<b>Chapter 3: Respiratory system</b>		<b>Chapter 4: Nervous system</b>	
• Obstructive airways disease		• Dementia	
• Allergic conditions		• Anxiety	
• Conditions affecting sputum viscosity		• Attention deficit hyperactivity disorder	
• Cough and congestion		• Bipolar disorder and mania	
• Idiopathic pulmonary fibrosis		• Depression	
• Respiratory depression, respiratory distress syndrome and Apnoea		• Deviant antisocial sexual behaviour	
• Oxygen therapy		• Psychoses and schizophrenia	
		• Movement disorders – Parkinson's disease, dystonias	
		• Nausea and labyrinth disorders	
		• Pain	
		• Epilepsy	
		• Insomnia	
		• Narcolepsy	
		• Substance dependence – alcohol, nicotine & opioid	
<b>Chapter 5: Infections</b>		<b>Chapter 6: Endocrine system</b>	
• Amoebic infection		• Antidiuretic hormone disorders	
• Bacterial infection including UTIs		• Corticosteroid responsive conditions	
• Fungal infection		• Diabetes mellitus and hypoglycaemia	
• Helminth infection		• Disorders of bone metabolism	
• Protozoal infection		• Dopamine responsive conditions	
• Viral infection		• Gonadotrophin responsive conditions	
		• Hypothalamic and anterior pituitary hormone related disorders	
		• Sex hormone responsive conditions	
		• Thyroid hormones	
<b>Chapter 7: Genito-urinary system</b>		<b>Chapter 8: Malignant disease</b>	
• Bladder and urinary disorders		• Organ transplantation	
• Bladder instillations		• Multiple sclerosis	
• Contraception		• Hormone responsive malignancy (includes somatostatin analogues)	
• Erectile and ejaculatory conditions		• Hormone responsive breast cancer	
• Vaginal and vulval conditions – bacterial/fungal infections, atrophy			
<b>Chapter 9: Blood and Nutrition</b>		<b>Chapter 10: Musculoskeletal system</b>	
• Anaemias - G6PD deficiency		• Arthritis	
• Anaemias – iron deficiency		• Hyperuricaemia and gout	
• Anaemias – megaloblastic		• Neuromuscular disorders	
• Fluid and electrolyte imbalances		• Pain and inflammation (MSK disorders)	
• Metabolic disorders		• Soft tissue and joint disorders	
• Trace element & vitamin deficiencies			
• Nutrition – including GF products			

<b>Chapter 11: Eye</b>		<b>Chapter 12: Ear, Nose &amp; Oropharynx</b>	
• Allergic and inflammatory eye conditions		• Ear – otitis externa, removal of ear wax	
• Dry eye conditions		• Nasal congestion	
• Eye infections		• Nasal inflammation, polyps, rhinitis	
• Post-operative pain and inflammation		• Nasal staphylococcal infection	
• Glaucoma and ocular hypertension		• Dry mouth	
• Retinal disorders		• Oral hygiene, dental caries, ulceration and inflammation – mouthwashes and other preparations	
<b>Chapter 13: Skin</b>		<b>Chapter 14: Vaccines</b>	
• Dry and scaling skin disorders		• Vaccines & antisera	
• Skin infections		• Immunoglobulins	
• Inflammatory skin conditions including eczema, psoriasis			
• Perspiration – hyperhidrosis		<b>Chapter 15: Anaesthesia</b>	
• Photodamage		• Local anaesthesia	
• Pruritis			
• Rosacea and acne		<b>Other:</b>	
• Scalp and hair conditions		• Wound management products	
• Skin cleansers, antiseptics, desloughing agents		• Elasticated garments	
• Warts and callouses			

Mentor signature	
Non-Medical Prescriber signature	
Date	

*To be retained by Non-Medical Prescriber for their own records (the CCG reserves the right to request an up to date copy when required)*

## APPENDIX II: Non-Medical Prescribers Annual Declaration 20\_\_

Prescriber details						
Name						
Title (as appears on prescriptions e.g. Miss, Mrs etc)						
Work e-mail address (nhs.net preferred)						
Profession						
Professional body						
Professional registration number						
Currently Prescribing as:	Independent Prescriber		Supplementary Prescriber		Both	

Practice details (please provide details of each practice you are employed by / prescribe for)	
Practice Code	Practice Name

<p>The ability to prescribe is a privilege granted to you by legislation and your employer, and should be seen in this light. You are professionally accountable for your prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. You must only ever prescribe within your level of experience and competence. Prescribing practice should be evidence-based and you should be aware of, and apply, local and national prescribing guidelines.</p>	
<p><b>I confirm that I will only prescribe within my level of experience and competence, understand the implications of signing a prescription and take accountability for doing so</b></p>	
<p><b>Mechanism of prescribing</b></p>	<p><b>Tick as appropriate</b></p>
Computer-generated prescriptions	
Electronic prescribing	
<p>Handwritten using pre-printed prescription pads</p> <p>If using pre-printed pads, please confirm that you are familiar with the Management and control of prescription forms. A guide for prescribers and health organisations. March 2018 <a href="https://cfa.nhs.uk/resources/downloads/guidance/Management%20and%20control%20of%20prescription%20forms_v1.0%20March%202018.pdf">https://cfa.nhs.uk/resources/downloads/guidance/Management%20and%20control%20of%20prescription%20forms_v1.0%20March%202018.pdf</a></p>	

<b>Clinical area of prescribing practice</b> e.g. COPD, asthma, diabetes, etc.	
<b>Has there been any expansion in areas of prescribing or specific circumstances impacting upon your prescribing practice since your last declaration</b> (e.g. long term sickness, maternity leave etc.)?	
<b>Will you prescribe for children under 12 years old?</b>	

<b>I confirm that I keep my skills &amp; knowledge up to date through Continual professional development</b> (please tick to agree)	
<b>I confirm that I have appropriate professional indemnity insurance in place</b> (please tick to agree)	
<b>I confirm that I have an up to date Approval to Practice form reflecting my scope of practice as agreed with my clinical mentor</b> (please tick to agree)	

<b>I confirm that all information provided is correct.</b> I will inform the NMP lead if there are any changes to any of the details provided.	
Print name	
Signed	
Date	

Please return this signed form via email to [salina.calliqhan@nhs.net](mailto:salina.calliqhan@nhs.net) or via post to:

**Non-Medical Prescribing Lead**  
**c/o Medicines Optimisation Team**  
 NHS Bury Clinical Commissioning Group (CCG)  
 Townside Primary Care Centre  
 1 Knowsley Place  
 Knowsley Street  
 Bury BL9 0SN

*Note – you must sign this form using indelible ink or an e-signature, incomplete forms will be returned and may cause delay*

**APPENDIX III: Non-Medical Prescribing Leavers or Joiners  
Employer Assurance Form**

This form is to be completed by the Employer whenever a qualified Non-Medical Prescriber joins or leaves the practice and must be returned to the Bury CCG NMP Lead with 5 working days

Name of Non-Medical Prescriber including Title (as appears on prescription e.g. Miss, Mrs, Ms, Mr)	
Job Title	
Work e-mail address (nhs.net preferred)	
Professional registration number	
GP Practice	
Clinical Mentor	

**NMP JOINING the practice (or new prescribing qualification)**

Practice confirmed <u>qualification</u> as a NMP	
Practice confirmed NMP registered with relevant <u>professional body</u>	
Practice confirmed NMP has appropriate <u>indemnity insurance</u>	

**NMP LEAVING the practice**

Date leaving/left practice	
Printed prescription pad returned to practice (if applicable)	

***I confirm that all information provided is correct and in accordance with CCG NMP Policy***

Practice Manager	
Signature	
Date	

Please return this signed form via email to [salina.callighan@nhs.net](mailto:salina.callighan@nhs.net) or via post to:

**Non-Medical Prescribing Lead**  
**C/o Medicines Optimisation Team**  
 NHS Bury Clinical Commissioning Group (CCG)  
 Townside Primary Care Centre  
 1 Knowsley Place  
 Knowsley Street  
 Bury BL9 0SN

*Note – you must sign this form using indelible ink or an e-signature, incomplete forms will be returned and may cause delay*

## APPENDIX IV: Expression of Interest form

### To undertake a Non-Medical Prescribing qualification

This form should be completed by the person who wishes the Non-Medical Prescribing qualification with the agreement of their line manager. The completed form should be sent to the CCG NMP Lead for consideration

Name	
Job Title	
Work e-mail address (nhs.net preferred)	
Work Base	
Line Manager Name	
Line Manager email	

To ensure candidates meet the required criteria for application, please complete the following.

Are you registered with the appropriate professional body e.g. NMC, GPhC, HPC	YES	NO
Do you have a minimum of 3 years post-registration experience? If a Nurse/Midwife this is with a First Level qualification	YES	NO
Have you identified a medical practitioner who can supervise you during your non-medical prescribing training?	YES	NO
Do you have access to a prescribing budget?	YES	NO
Do you have access to a shared medical record?	YES	NO
How long have you practised in your clinical area?		
Please outline your level of experience in your clinical area for which you plan to prescribe.		



How will you access clinical supervision/peer review once you qualify?		
What level of academic study have you attained e.g. Diploma, Degree, Masters?		
Have you completed study at Level 6?	YES	NO
Do you have appropriate numeracy skills to undertake drug calculations and have support from your employer?	YES	NO

Please outline your clinical qualifications to date and evidence of recent CPD. It is essential that you have attended relevant training in the area you wish to prescribe in the last 3 years and that you have evidence of CPD as directed by your governing body

Clinical Qualifications	Date obtained

Relevant training/updates/CPD	Date obtained

Please specify how undertaking a prescribing course will benefit the needs of patients and the service.

***I confirm that all information provided is correct***

Candidate Name	
Candidate Signature	
Date	

## Employer Assurance – to be completed by Employer

The following assurances are required from the Practice/Employer before the candidate's application can be considered. By ticking the box, the practice/Employer is providing assurance that the criteria will be met.

There is an identified need for a Non-Medical Prescriber and the proposed candidate fulfils the course criteria.	
--	--

Once qualified the prescriber will have access to the Practice/Employers prescribing budget.	
--	--

The candidate will be released from their Practice duties to attend the course. Course requirements for Independent Prescribing (V300) are 26 days in University and 12 days clinical practice supervision.	
---	--

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

The Designated Medical Practitioner agrees and will be responsible for providing clinical mentorship and assessment for the candidate during the course and continuing support once qualified.	
--	--

Line Managers Name ----- Date -----

Line managers Signature -----

Please return this signed form via email to [salina.callighan@nhs.net](mailto:salina.callighan@nhs.net) or via post to:

**Non-Medical Prescribing Lead**  
**C/o Medicines Optimisation Team**  
 NHS Bury Clinical Commissioning Group (CCG)  
 Townside Primary Care Centre  
 1 Knowsley Place  
 Knowsley Street  
 Bury BL9 0SN

*Note – you must sign this form using indelible ink or an e-signature, incomplete forms will be returned and may cause delay*

## APPENDIX V: Process for registering a new Non-Medical Prescriber in NHS Bury CCG

