

**INDEPENDENT
PRESCRIBER'S
(NON-MEDICAL PRESCRIBING)
POLICY AND
PROCEDURES**

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1. INTRODUCTION

Independent prescribing (Non-Medical prescribing) provides patients with quicker access to medicines, improves access to services and makes better use of nurses', pharmacists' and other health professionals' skills. The policy of the Department of Health and Social Care has been to extend prescribing responsibilities to a range of professions to:

- Improve patient care without compromising patient safety;
- Make it easier and quicker 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 across the NHS.

There are three types of Independent prescribing:

Community Nurse Practitioner Prescribing – The Nurse Prescribers' Formulary for Community Practitioners (formerly limited only to District Nurses and Health Visitors, but now including registered nurses working in community services). They are able to prescribe independently from a limited formulary of products designed to meet the needs of their patients (the Nurse Prescribers' Formulary for Community Practitioners). This consists of appliances, dressings and some medicines, including a small number of Prescription Only Medicines (POM). Details of the Formulary are set out in both the British National Formulary and the Part XVIIIB (i) of the Drug Tariff.

The training for prescribing from this Formulary is now incorporated into the specialist training of all District Nurses (DN) and Health Visitors (HV) and is also available as a stand-alone academic module, known as the V150, for other registered community nurses.

Independent prescribing – Independent prescribers are responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing. Independent prescribers are able to prescribe any medicine for any medical condition within their competence but with some limitations:

- **Nurse** Independent Prescribers are able to prescribe any medicine for any medical condition within their competence, with the exception of some Controlled Drugs for the treatment of addiction.
- **Pharmacist** Independent Prescribers can prescribe any medicine for any medical condition within their competence, with the exception of some Controlled Drugs for addiction.
- **Optometrist** Independent Prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and surrounding tissue.
- **Paramedic** Independent Prescriber can prescribe any licensed medicine, with the exception of most Controlled Drugs.
- **Podiatrist** Independent Prescribers can prescribe any licensed medicine, with the exception of most Controlled Drugs.
- **Physiotherapist** Independent Prescribers can prescribe any licensed medicine, with the exception of most Controlled Drugs.

Supplementary Prescribing – To ease the burden on doctors and improve access to medicines, the Department of Health has enabled nurses, pharmacists, optometrists and some Allied Health Professions (AHPs) [physiotherapists, chiropodists or podiatrists and radiographers], to train as supplementary prescribers so that they can prescribe medicines, within an agreed Clinical Management Plan for a patient. Supplementary prescribers have a voluntary prescribing partnership between an independent prescriber, who must be a doctor or a dentist, and the supplementary

prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement. There are no legal restrictions on the conditions that may be treated under supplementary prescribing.

Independent and Supplementary Prescribing for children and young people – Nursing and Midwifery Council (NMC) guidance – the NMC consulted with a number of bodies to further strengthen the standards in relation to prescribing for children. They state that *“only nurses with relevant knowledge, competence, skills and experience in nursing children should prescribe for children”*. The Clinical Commissioning Group will expect to see evidence that the registrant is able to apply these principles to their own area of practice if they are required to prescribe for children. Furthermore, if a nurse who is already a prescriber moves into a new role which requires them to prescribe for children for the first time, or after a break in practice, consideration will be given to whether a period of preceptorship is necessary.

2. PURPOSE OF POLICY

The purpose of this policy is to:

- promote legal, safe and effective Independent prescribing;
- explain the process for individuals wishing to access Independent Prescribing programmes;
- set out the expected training and competencies to be achieved by Independent prescribers;
- set out the expected good practice for prescribing by all Independent prescribers.

It sets out a framework for the development and implementation of Independent prescribing with NHS Herefordshire, NHS Redditch and Bromsgrove, NHS South Worcestershire and NHS Wyre Forest Clinical Commissioning Groups (collectively known as ‘the CCGs’) to establish a consistent approach for Independent prescribing.

The Policy should be read in conjunction with the current version of the British National Formulary to access further details of prescribing procedures.

3. EQUALITY STATEMENT

3.1 All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on race equality. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.

3.2 Herefordshire, Redditch and Bromsgrove, South Worcestershire and Wyre Forest CCGs endeavour to challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

3.3 All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their carers and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.

3.4 Providers and Commissioners are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. Practitioners will need to assess that the Independent prescribing practice is fair and equitable for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard.

3.5 An embedded link to the full Equality Impact Assessment is included within Appendix D.

4. SCOPE – AUTHORITY TO PRESCRIBE

The CCGs support Independent prescribing within the following professional groups, as long as they meet the required level of training and competence and there is a clear service need for prescribing:

- Practice employed nurses - The nurse must be a 1st level Registered Nurse, whose name in each case is held on the Nursing and Midwifery Council professional register, with an annotation signifying that the nurse has successfully completed an approved programme of preparation and training for nurse independent prescribing.
- Practice employed pharmacists - The pharmacist 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.

The Herefordshire and Worcestershire Clinical Commissioning Groups will support relevant professionals employed in primary care to train as an Independent Prescriber but only if they have first demonstrated the ability to study at the required academic level, diagnose in their area of speciality and have the ability to recognise when clinical problems are beyond their competence and refer onto another practitioner.

- 4.1 Only qualified Independent prescribers endorsed by the Clinical Commissioning Groups are authorised to prescribe and they must be on the CCG Independent Prescribers register which will provide the confirmation and assurance of their qualification as an Independent prescriber.
- 4.2 Prescribing will only be for patients registered with Herefordshire and Worcestershire GPs. All prescribers will be required to provide evidence to the CCG Independent Prescribing Lead of their eligibility to prescribe, have confirmation they are on their professional body's register, evidence of their competence and scope of practice to prescribe, and have service management agreement of the need for Independent prescribing in their particular service.
- 4.3 All Independent prescribers must agree to, and work within, their own level of professional competence and expertise, and must seek advice and make appropriate referrals to other professionals with different expertise where necessary.
- 4.4 Independent prescribers are accountable for their own actions and must be aware of the limits of their skills, knowledge and competence.
 - Nurses must act within the Nursing and Midwifery Council's 'The Code – Professional Standards of Practice and Behaviour for Nurses and Midwives and Nursing Associates'
 - Pharmacists must act within the General Pharmaceutical Council's 'Standards for Pharmacy Professionals'.
- 4.5 In July 2016 a new Competency Framework to support healthcare professional to prescribe effectively was developed by the Royal Pharmaceutical Society in collaboration with NICE. This framework sets out competencies central to effective performance needed by all prescribers, regardless of their professional background
<http://www.nice.org.uk/news/article/new-competency-framework-for-all-prescribers>

5. SELECTION PROCESS FOR INDEPENDENT PRESCRIBING TRAINING

The following key principles should be used to prioritise potential applicants for Independent prescribing training:

- patient safety;
- maximum benefit to patients by quicker and more efficient access to medicines for patients;
- better use of the health professional's skills;
- understanding and acceptance from potential applicants of the higher level of clinical responsibility associated with prescribing;
- a clear service need for Independent prescribing.

5.1 The selection of nurses and pharmacists to be trained as Independent prescribers should be carried out after an assessment of service and patient need and the suitability of the applicant to undertake the academic training.

5.2 All individuals selected for training must have the opportunity to prescribe in their post and on completion of training have access to a prescribing budget to meet the costs of their prescriptions.

5.3 The therapeutic area(s) in which they prescribe should have been identified before they begin training and should be in the field in which they already hold the required level of expertise.

5.4 All applicants must meet the following selection criteria for training:

- They must fulfil the legal criteria for eligibility to prescribe;
- Have the ability to study at the required level;
- Normally have three years post-registration experience, of which at least one year immediately preceding their application to the training programme should be in the clinical area in which they intend to prescribe;
- Nurses must be at Level 1 on the Nursing and Midwifery Council register;
- Pharmacists must be on the GPhC register.

5.5 Further pre-requisites include:

- Nurses applying to undertake independent prescribing should either complete as a pre-requisite a Health Assessment module or provide evidence as being competent to take a history, undertake a clinical assessment and make a diagnosis in their area of clinical practice.
- All applicants should have confirmation of line manager and GP Independent prescribing lead approval which should include information on how they will implement prescribing practice on completion of the training.
- Independent and supplementary prescribing applicants should have an identified medical supervisor prior to commencement of the training

5.6 Applications to enrol in an Independent Prescribing Course will need to be supported by the CCG Independent Prescribing Lead. The application form will collect necessary information in order to provide confirmation of the selection criteria set out above and should then be sent to the relevant university as part of their selection process.

6. NOTIFICATION PROCESS ON QUALIFYING AS AN INDEPENDENT PRESCRIBER

6.1 For newly qualified Independent prescribers, the Higher Education Institutes (HEI) will inform the relevant professional bodies of those who have successfully completed the Independent

prescribers' programme and are qualified to prescribe. Upon successful completion the qualification must be recorded on the relevant professional register before the employee is able to prescribe in the CCG.

- 6.2** For nurses, the HEI will inform the Nursing and Midwifery Council, for pharmacists the General Pharmaceutical Council is informed of all pharmacists who have successfully completed the prescribing course.

7. PROCESS FOR VERIFICATION AND AUTHORISATION TO PRESCRIBE

The CCG Independent Prescribing Lead has the responsibility for overseeing the process and ensuring a register of all Independent prescribers is maintained.

The process is as follows:

7.1 Newly qualified prescribers

- Newly qualified Independent prescribers must complete a '*Competence and Scope of Practice Declaration*' (Appendix C) to declare their competence to prescribe and define their scope of prescribing practice.
- This proforma must be sent, along with confirmation of registration with their professional body, to the CCG Independent Prescribing Lead.
- For prescribers requiring pre-printed FP10 prescription forms a 'Notification of Newly Qualified Independent Prescriber' form will be completed by the CCG and submitted to NHS Prescription Services, NHS Business Services Authority. This form provides the evidence to the contracted NHS secure forms contractor prescription printers, of an Independent prescriber's inclusion on the list as eligible to prescribe.

7.2 Existing Independent Prescribers

- To provide on-going assurance of their authority to prescribe, all existing Independent Prescribers are required to inform the CCG if their job role changes, or if they acquire new skills and knowledge that would affect their prescribing practice. Therefore, they are required to:
- Discuss at annual appraisal any change in practice that could affect their prescribing practice.
- If there are changes, to submit a relevant updated '*Competence and Scope of Practice Declaration*' to the CCG Independent Prescribing Lead.
- The CCGs will ask prescribers to submit a relevant updated '*Competence and Scope of Practice Declaration*' to the CCG Independent Prescribing Lead at periodic intervals.

8. PRESCRIBING REFLECTED IN JOB DESCRIPTIONS

The employer should ensure that the employee's job description includes a clear statement that prescribing is required as part of the duties of the role or service.

9. ACCESS TO PRESCRIPTION FORMS AND STATIONERY

Independent Prescribers within the CCG will prescribe using the following agreed methods:

- FP10 prescription forms – pre-printed
- FP10 prescription forms – computer generated
- EMISWeb clinical system – record of administration

Independent Prescribers employed by a GP Practice should order their pre-printed prescription forms via the practice online ordering system managed by PCSE. Blank FP10SS forms for computer printing are also accessed through this route.

To allow for accurate recording of administration or computer-generated printing of FP10 prescription forms, the Independent prescriber must be added to EMISWeb, to include the relevant overprint requirements;

<http://www.nhsbsa.nhs.uk/PrescriptionServices/3789.aspx>

10. SECURITY OF PRESCRIPTION PADS

10.1 Independent Prescriber's responsibility

- It is always the responsibility of the Independent prescriber to ensure the security of prescription pads. Under no circumstances should blank prescription forms be pre-signed before use.
- The prescription pad should only be produced when the need to prescribe has been identified. Prescription pads should never be left unattended or accessible to others and must never be left on a desk but placed in a locked drawer.
- The prescription pad is the legal property of the CCG and must be returned by the Independent prescriber on termination of employment or if their job role changes and no longer includes a prescribing responsibility.

10.2 Loss of prescription pads

- In the event of loss or suspected theft of prescription pads the Independent prescriber must report this immediately to their line manager.
- The line manager must inform the CCG Local Counter Fraud Specialist (LCFS). They need to provide details of the approximate number of prescriptions missing or stolen, their identification numbers and if stolen, when and from where.

Anti-fraud contact details for Herefordshire and Worcestershire:

Fiona Dwyer – Fiona.dwyer@nhs.net

Telephone number: 07552 290964

- The CCG LCFS will arrange for all local Community Pharmacists and relevant neighbouring counties to be notified of any lost or missing pads.
- The Independent prescriber will be required to order a new pad following the process outlined above and following the loss or theft of a prescription pad, the Independent prescriber may be required to write all prescriptions in red ink for a period of two months.
- If the missing pads are found, they should be returned to the prescriber's line manager who must arrange for their destruction. The CCG LCFS must also be notified.

11. LEGAL AND CLINICAL LIABILITIES

11.1 Liability of Independent Prescriber/Professional indemnity

- Prescribers are accountable for all aspects of their prescribing decisions. They should therefore only prescribe those medicines they know are safe and effective for the patient and the condition being treated. They must be able to recognise and deal with pressures (e.g. from the pharmaceutical industry, patients or colleagues) that might result in inappropriate prescribing.

- All prescribers should ensure that they have sufficient professional indemnity insurance, for instance by means of membership of a professional organisation or trade union which provides this cover.

11.2 Liability of Employer

- Where a nurse or pharmacist 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. In addition, Independent prescribers are individually professionally accountable to their own professional body for this aspect of their practice, as for any other, and must always act in accordance with their Codes of Professional Conduct.

12. GOOD PRACTICE, ETHICS AND COMMON PRESCRIBING ISSUES

The following section of this policy provides the Independent Prescriber with guidance on prescribing good practice and the CCG expectations of them as prescribers. However, it must always be remembered that each Independent Prescriber has personal accountability and responsibility for their own prescribing practice and therefore they must always be able to defend their prescribing decisions.

12.1 Prescribing practice

- All Independent prescribers are at all times professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person.
- Independent prescribers must only prescribe within their level of expertise and competence, and where they can satisfy themselves that a full assessment of the patient has been undertaken, including a thorough history and access to the medical record.
- All Independent prescriber are responsible for acting in accordance with their own professional bodies' guidance and codes of conduct, including issues of patient consent.
- The Nursing and Midwifery Council considers it good practice not to prescribe at the request of a colleague for a patient they themselves have not personally assessed. If the Independent prescriber takes a reasoned professional judgement to do so, then they are fully accountable for that action.
- Independent prescribers using FP10 forms can only write a prescription on a form bearing their name and PIN number
- Independent prescriptions should provide treatment for no more than one calendar month, unless direct supply of medication is agreed for a dedicated service or within a GP practice.
- Independent prescribers must ensure that the prescription is cost effective, meets the clinical needs of the patient and is within agreed protocols and procedures.
- All prescribers should make use of clinical decision support software (e.g. ScriptSwitch[®]/OptimiseRx[®]) to support cost effective prescribing.

12.2 Prescribing for family and others

- Independent prescribers must not prescribe for themselves.
- Independent prescribers must avoid prescribing for anyone with whom they have a close personal or emotional relationship, other than in exceptional circumstances. As recommended for doctors and dentists, this advice is based on the view that judgement may be impaired and important clinical examination may be inappropriate. In most cases, the Independent prescriber must request that this is undertaken by another prescriber.
- In cases where the Independent prescriber's family and/or friends are registered with the GP practice to whom they are attached, the prescriber must consider whether or not it would be ethical to prescribe and must accept accountability for that decision.

- Independent prescribers may only issue prescriptions for patients registered with Herefordshire and Worcestershire GP practices.

12.3 Repeat prescriptions

- Independent prescribers may issue repeat prescriptions but must remember they remain responsible as signatory of the prescription.
- Repeat prescriptions can be issued at the request of those who are not prescribers, where the Independent prescriber was responsible for the initial prescription.
- Independent prescribers may issue repeat prescriptions for patients on no more than six occasions or for a maximum period of six months at which point they should undertake a review.

12.4 Private Prescriptions

- Although independent prescribers are entitled to issue private prescriptions for any licensed medicine, including some Controlled Drugs, and supplementary prescribers entitled to issue private prescriptions for any medicines covered by a patient's clinical management plan, the CCG does not support Independent Prescribers to issue private prescriptions in the course of their employment.

12.5 Requests from patients and medical practitioners

- There may be times when it would be convenient for Independent prescribers to prescribe for patients when they are short of a drug supply or to prescribe at the request of a medical practitioner. Independent prescribers must understand that the clinical responsibility for a drug lies with the person signing the prescription. If the Independent prescriber would not normally prescribe or initiate a particular drug, then they must not do so at the request of a patient or doctor.

12.6 Prescribing licensed medicines for unlicensed uses, so-called 'off-label'

- 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'). They must, however, accept professional, clinical and legal responsibility for that prescribing, and should only prescribe 'off-label' where it is accepted clinical practice, e.g. contraception prescribing off label supported by the Faculty for Sexual and Reproductive Health. Prescribers should follow locally approved guidelines when prescribing off-licence medicines. The prescriber should explain the situation to the patient/guardian, where possible, but where a patient is unable to agree to such treatment, the prescriber should act in accordance with best practice in the given situation and within the policy of the employing organisation.
- Supplementary prescribers are able to prescribe any medicine, including unlicensed medicines and off-label that are listed in an agreed Clinical Management Plan.

12.7 Prescribing unlicensed medicines (products without a UK marketing authorisation)

- Nurse and pharmacist independent prescribers can prescribe unlicensed medicines for their patients on the same basis as doctors, dentists and supplementary prescribers.
- Unlicensed medicines are medicinal products that are not licensed for any medicines indication or age group. An unlicensed medicine is one that does not have a valid marketing authorisation in the UK.
- Nurse and pharmacist prescribers are therefore able to prescribe any medicine, including unlicensed medicines, off-label medicines and those intended to be mixed prior to administration if they are listed in an agreed Clinical Management Plan.

12.8 Controlled Drugs

- Nurse and pharmacist independent prescribers can prescribe any controlled drug listed in schedules 2-5 for any medical condition within their competence, except Diamorphine, cocaine and dipipanone for the treatment of addiction (nurse independent prescribers are able to prescribe other controlled drugs for the treatment of addiction).

12.9 Prescribing combinations of medicines that include controlled drugs

- 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, can prescribe a combination of treatment (thereby creating an unlicensed product) to include any drugs listed in schedules 2-5 prior to administration and provide written directions for others to do so.

12.10 Borderline Substances

- All NHS prescribers need to abide by any NHS terms of service under which they operate. For example, if operating under new GMS, borderline substances may be prescribed but the prescription will need to be marked 'ACBS'. A list of Advisory Committee of Borderline Substances (ACBS) approved products and the circumstances under which they can be prescribed, can be found in part XV of the Drug Tariff. Although this is a non-mandatory list, Nurse and Pharmacist Independent Prescribers should normally restrict their prescribing of borderline substances to items on the ACBS approved list. They should also follow any additional locally approved policies and guidance such as those for prescribing for gluten enteropathies.

12.11 New Drugs

- Independent prescribers cannot automatically prescribe new medicines on the market even if they are licensed for use in the area of expertise practiced by the prescriber.
- Independent prescribers must only prescribe drugs that have been approved by the relevant medicines committee. Drugs not yet approved by the committee (and this will include most new drugs) can only be prescribed after completion and approval of an application by the relevant medicines committee.
- Independent prescribers should ensure they are familiar with the Summary of Product Characteristics (SPC) of the drug to be prescribed and are competent to assess the patient for suitability to receive the medication and are competent to recognise and manage any side-effects. Specific training alongside a doctor and supplementary prescribing using a patient specific clinical management plan should be undertaken if the drug falls significantly outside of the prescriber's current competence e.g. a drug that works in a different manner to the drugs with which the Independent prescriber is familiar.

12.12 Appliances/Dressings in Part IX of the Drug Tariff

- Nurse and Pharmacist Independent Prescribers may also prescribe any appliances/dressings that are listed in Part IX of the Drug Tariff. They should follow any locally approved guidelines or systems in place to access such appliances.

12.13 Drugs in Part XVIII A and Part XVIII B of the Drug Tariff

- No prescriber may prescribe on the NHS, drugs listed in part XVIII A of the drug tariff so called 'blacklist'. Drugs listed in part XVIII B of the Drug Tariff, so called grey listed drugs may not be prescribed at NHS expense except in the specified circumstances and prescriptions must be endorsed 'SLS'.

13. RECORD KEEPING

All health professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care. Best practice suggests that the details of any prescription, together with other details of the consultation with the patient, should be entered onto the shared patient record immediately, or failing that, as soon as possible after the consultation.

Only in very exceptional circumstances (e.g. the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription. This information should also be entered at the same time onto the patient record and onto the nursing or pharmacy patient record (where a separate record exists).

It is recommended that the record indicates clearly:

- The date of the prescription
- The name of the Independent prescriber
- The name of the item prescribed, together with the quantity (or dose, frequency and treatment duration).

To aid safe administration of medicines, the record should include:

- The name of the item prescribed, the strength (if any) of the preparation, the dosing schedule and route of administration, e.g. 'paracetamol oral suspension 120mg/5mls to be taken every four hours by mouth as required for pain, maximum of 20mls in any 24 hours.
- In the case of topical medicines, the name of the prescribed item, the strength (if any), the quantity to be applied and the frequency of the application should be indicated.
- In the case of dressings and appliance prescriptions details should be included of how they are to be applied and how frequently changed.

13.1 Writing out a prescription

- Prescriptions must be written by Independent prescribers in accordance with 'prescription writing' requirements laid down by NHS Prescription Services, NHS Business Services Authority (NHSBSA) and in accordance with the employer's Medicines Policy.
- Prescriptions must be legible, and the prescriber must complete all details on the prescription form using an indelible pen (preferably black). Only abbreviations as listed on the inside back cover of the current BNF are permissible.

The details must include:

- The patient's title, forename, surname and address (including postcode) and if available the patient's NHS number.
- Age and date of birth should preferably be stated; however, it is a legal requirement to write the patient's age on the prescription when prescribing for a child under 12 years.
- The name of the prescribed item(s), formulation, strength (if any), dose and frequency (in the case of preparations to be taken as required a minimum dose interval should be specified) and quantity to be dispensed.
- The quantity prescribed should be appropriate to the patient's treatment needs, bearing in mind the interval before the patient's condition is to be reviewed, the need to avoid waste, patient convenience and the avoidance of undue quantities of potentially poisonous substances in the home. It should also comply with the specified pack size in the NPF.
- The names of medicines should be written clearly, it is recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name.

- Where there is more than one item on a form, a line should be inserted between each item for clarity. Unused space at the bottom of the prescription area should be blocked out with, for example, a diagonal line to prevent fraudulent addition of extra items.
 - If any alterations are made, the prescriber must initial and date them.
-
- Independent prescribers should be aware that pharmacists have legal and ethical obligations, which mean they may need to contact the prescriber – sometimes urgently – to confirm an aspect of the prescription, return it for amendment or even refrain from dispensing it. An up-to-date telephone number should be included (in the address box) on all prescriptions.
 - When an Independent prescriber becomes aware that the patient intends to have a prescription dispensed by an appliance contractor, he/she must ensure that the prescription does not contain medical preparations.
 - There should, wherever possible, be separation of prescribing, administration and dispensing roles, in keeping with the principles of safety, clinical and corporate governance.
 - The NMC standards of proficiency for nurse and midwife prescribers' states: 'You must ensure separation of prescribing and administering activities whenever possible'. Check this – see refs
 - In exceptional circumstances, where a prescriber is both prescribing and dispensing patient's medication, a second suitably competent person should normally be involved in the checking process.
 - There must be clear accountability arrangements to ensure patient safety and probity, and audit arrangements must allow checking for clinical appropriateness to ensure patient safety and to track prescribing and dispensing by Nurse and Pharmacist Independent Prescribers.

14. REPORTING ADVERSE REACTIONS

If a patient suffers a suspected adverse reaction to a prescribed, over the counter (Pharmacy or General Sales List) or herbal medicine, the adverse reaction should be reported via the Yellow Card Scheme. The Yellow Card Scheme is a voluntary scheme through which healthcare professionals (including nurses and midwives) notify the Medicines and Healthcare Products Regulatory Agency (MHRA) of suspected adverse drug reactions.

The MHRA encourages the reporting of all suspected adverse drug reactions (ADR) to newly licensed medicines that are under intensive monitoring (identified by an inverted black triangle 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 drugs. Serious reactions include those that are fatal; life threatening, disabling, incapacitating or which result in, or prolong hospitalisation and/or are medically significant.

The new electronic Yellow Card provides a simple and fast way to report suspected adverse reactions. The electronic Yellow Card, together with instructions on how to use it, is available on the MHRA website (www.yellowcard.mhra.gov.uk). Health professionals are encouraged to report all suspected adverse drug reactions using this method, although hard copy Yellow Cards are also acceptable. (Yellow forms can be found at the back of the British National Formulary and Nurse Prescribers' Formulary).

The adverse reaction should be reported to the GP and documented by the Independent prescriber on nursing and/or practice records. A supplementary prescriber should inform the independent prescriber of any reported ADRs.

Should a health professional other than the Independent prescriber detect the adverse reaction, they should report the incident to the prescriber, make a record in the notes and the GP must be informed.

If a patient suffers harm due to an adverse incident involving medicines; or if harm could have been caused to the patient by the medicine (a near miss), the incident or near miss should be reported by the Independent prescriber as a clinical incident on the employer's incident reporting system.

15. BUDGET SETTING AND MONITORING FOR INDEPENDENT PRESCRIBERS

Prescribing expenditure incurred by Independent prescribers is charged to their employing GP practice on whose behalf they prescribe.

The CCG Associate Director of Medicines Commissioning will ensure there is a system for review of prescribing expenditure by Independent prescribers. Areas of significance will be monitored, and the prescriber's manager informed if necessary.

The CCG Associate Director of Medicines Commissioning reserves the right to challenge prescribers to justify their prescribing in terms of overall costs, drug choice and clinical appropriateness. In addition to the central and local systems for monitoring the number and cost of items prescribed by Independent prescribers, each prescriber is responsible for their own individual practice.

16. GOVERNANCE FOR INDEPENDENT PRESCRIBING

Independent prescribers should use clinical supervision arrangements or equivalent as an opportunity for reflection on prescribing, as well as other aspects of practice. The model of clinical supervision should be agreed within the practice, taking account of other staff support mechanisms and resources.

16.1 Continuing Professional Development

- All registered healthcare professionals have a professional responsibility to keep themselves abreast of clinical and professional developments and in line with the recommendations of their professional body. Independent prescribers will be expected to keep up to date with knowledge and skills to enable them to prescribe.

16.2 Provision of BNF/Drug Tariffs

- Independent and supplementary prescribers will receive a centrally funded copy of the BNF and Children's BNF in line with national arrangements.

Prescribers are able to access the Drug Tariff through the NHS Business Services Authority website <http://www.drugtariff.nhsbsa.nhs.uk/>

17. REFERENCES

1. The Human Medicines Regulations 2012
2. General Pharmaceutical Council (2017). Standards for Pharmacy professionals
3. Misuse of Drugs Regulations (2012). Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012 (Statutory Instrument 2012/973)
4. NMC The Code (2018): Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates.
5. Future nurse: Standards of proficiency for registered nurses (2018)

Appendix A

Application process for Funded Independent Prescriber Training

Professionals wishing to apply to undertake a prescribing programme must follow these steps:

- Provide confirmation from the employer that there is a service need for the applicant to have prescribing status;
- Provide confirmation of line manager support and arrangements in place to access a medical mentor;
- Complete, or have applied for, any pre-requisite academic/clinical skills training;
- Provide confirmation of applicants' enquiry with the university to ensure they meet the academic criteria and if possible, have a provisional offer of a place;
- Provide notification of acceptance onto relevant course to Independent Prescribing Lead for the CCG.

Appendix B

Processes for qualified Independent Prescribers

Process once qualified as a prescriber

- A declaration of competence (Appendix C) must be completed relevant to the Independent prescriber qualification and sent to their line manager with confirmation of their register entry. This must be signed by the manager and copies taken for the personal file and the original sent on to the Independent Prescribing Lead for the CCG.
- Arrangements will then be made for the prescriber to be registered with the NHS Prescription Services by the CCG Independent Prescribing Lead.
- The NHS Prescription Services will register the new Prescriber and inform the prescription form supplier. This process takes at least 6-10 working days.
- Independent Prescribers employed by a GP Practice should order their pre-printed prescription forms via the practice online ordering system managed by PCSE. Blank FP10SS forms for computer printing are also accessed through this route.

Independent (Non-Medical) Prescriber – Competence and Scope of Practice Declaration – Appendix C

Independent Prescriber Details			
Name Mr / Mrs / Miss / Ms / Sister			
Role			
Work Location		Cost/Practice Code	
Date of Registration with the appropriate Professional Body (Please attach copy of Statement of entry)			
Professional Identification Number (PIN):			
Signature of Non-Medical Prescriber			
Type of Qualification Held (please tick)	<input type="checkbox"/> Nurse Independent Prescriber		
	<input type="checkbox"/> Pharmacist Independent Prescriber		
Disease area to be prescribed for and /or types of drugs to be prescribed e.g. asthma, palliative care, mental health		Evidence of competence to prescribe in these areas e.g. asthma diploma/experience in clinical field	
Will printed FP10 prescription forms be needed?		Yes / No	
These are the agreed parameters for this individual's prescribing activity within the practice			
	Name	Signature	Date
Line Manager			
GP Lead for Independent prescribing within the practice			
CCG Executive Nurse			

Please send this form with a copy of confirmation of registration with professional body, to the CCG Independent Prescribing Lead.

Appendix D

Equality Impact Assessment



Final STP_EIA HW IP
(NMP) policy.pdf