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Non - Medical Prescribing Policy

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Target audience:	All non-medical prescribers
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Summary	This policy provides a governance framework for non-medical prescribing in Primary Care 24 (PC24), setting out the principles for safe, effective, evidenced based prescribing, in accordance with the relevant legislation.

Version	Date	Control Reason	Title of Accountable Person for this Version
V1	May 2019	New Policy	Head of Medicines Management
V2	NOV 2021	Updated	Head of Medicines Management
Reference Documents		Electronic Locations (Controlled Copy)	Location for Hard Copies
Evidence which includes published and/or		Primary Care 24 Intranet	Policy File, Wavertree Headquarters

unpublished studies and expert opinion and Department of Health Statutory Requirements and Department of Health Guidance		
Privacy Impact Assessment Compliance Checklist		
Consultation: Committees / Groups / Individual		Date
Quality and Workforce Committee		May 2019

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1. INTRODUCTION

- 1.1 Non-medical prescribing contributes to the delivery of high quality, flexible and patient/service user-centred services. It also supports the delivery of national and local targets.
- 1.2 Primary Care 24 (PC24) has developed this policy to fulfil the requirements to patients and service users receiving prescribed medications from staff employed by PC24.
- 1.3 PC24 is committed to ensuring that all staff are trained and competent to perform their role effectively and safely

2. PURPOSE

- 2.1 The purpose of this policy is to provide a governance framework for non-medical prescribing in Primary Care 24 (PC24), setting out the principles for safe, effective, evidenced based prescribing, in accordance with the relevant legislation. The aim being to:
 - Provide better access to and use of medicines
 - Better, and more flexible use of workforce skills;Ensure that quality and patient/service user safety underpins this provision

3. SCOPE

- 3.1 This policy applies to all non-medical prescribers with the aim of ensuring that the following objectives are met:
- 3.2 All Non-Medical Prescribers in the organisation are aware of their responsibilities regarding the safe and effective prescribing of medicines.
- 3.3 All Non-Medical Prescribers in the organisation maintain high standards of practice at all times in the prescribing of medicines enabling them to act in the best interest of the patient.

- 3.4 When there are incidents where the policy either cannot be followed *or has not been followed*, that these are reported using Integrated Risk Management Datix reporting system.
- 3.5 All Non-Medical Prescribers must prescribe in accordance with the local Formulary and prescribing recommendations.

4. THIS POLICY SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING PC24 POLICIES:

Medicines Policy

Controlled Drugs Policy

- 4.1 The policy should read in conjunction with the following legislation and professional standards and guidance provide the legal and professional framework for non-medical prescribing:
- The Human Medicines Regulations 2012
 - Medicines Act 1968
 - Misuse of Drugs Act 1971
 - The Medicinal Products: Prescription by Nurses Act 1992
 - Health Act 2006
 - Non-medical Prescribing V5 - 8 - August 2017
 - Home Office Circular 009/2012 Nurse and Pharmacist Independent Prescribing, 'mixing of medicines', possession authorities under patient group directions and personal exemption provisions for Schedule 6 Part 2
 - The Medicines and Human Use (Prescribing) (Miscellaneous Amendments) Order of May 2006

- The safer management of controlled drugs. Under the Controlled Drugs (Supervision of Management and Use) Regulations 2013
- British National Formulary
- British National Formulary for Children
- Medicines Matters: A guide to mechanisms for the prescribing, supply and administration of medicines (in England) Published 10th October 2018, updated 26th October 2018
- A Competency Framework for all Prescribers, Publication date: July 2016 Review date: Royal Pharmaceutical Society of Great Britain, July 2020
- Standards of conduct, ethics and performance. General Pharmaceutical Council
- Standards of Proficiency for Nurse and Midwife Prescribers (NMC)
- Standards for Medicines Management Nursing & Midwifery Council (NMC)
- Record Keeping: Guidance for Nurses and Midwives (NMC)

5. DEFINITIONS

5.1 Independent Prescribing

Prescribing by a practitioner responsible for the assessment of patients with undiagnosed and diagnosed conditions, and for decisions about the clinical management required.

5.2 Nurse and Paramedic Independent Prescribers (V300)

Nurses and Paramedics, who have successfully completed an independent prescribing course, or previously an extended formulary nurse prescribing course, are able to prescribe any medicine for any medical condition **within their clinical competence** including Controlled Drugs.

5.3 Pharmacist Independent Prescribers

Pharmacists who have successfully completed an independent prescribing course are able to prescribe any medicine, for any medical condition within **their clinical competence** including Controlled Drugs.

5.4 Declaration of Practice

A self-declaration form that is submitted annually by all Non-Medical Prescribers that states the areas of prescribing competency.

5.5 NMP Register

An electronic register of non-medical prescribers within the organisation maintained and audited by the Non-Medical Prescribing Lead

5.6 Principles of Independent Prescribing

In partnership with the patient, independent prescribing is one element of the clinical management of a patient. It requires:

- An initial patient clinical assessment
- Interpretation of that assessment and establishing of a diagnosis
- A decision on safe and appropriate therapy
- A process for ongoing monitoring.

6. RESPONSIBILITIES:

6.1 Non- Medical Prescribing Lead

- Will maintain a register of Non-Medical Prescribers. The record will include the names of the Non-Medical Prescribers, their professional registration number, their service, CD permissions, mobile contact numbers, scope of practice and the date they last completed the self-declaration.
- Will ensure annual Declarations of Practice Forms are returned fully endorsed
- Will monitor NMP prescribing
- Communicate relevant information to NMPs.

- Link with relevant external NMP Forums and Groups
- Ensure that NMPs work within their own competency and to suspend prescribing activity if this is not confirmed.
- Ensure that NMP procedures are implemented and that the NMP adheres to the relevant regulatory body's Standards of Practice.

6.2 All Non-Medical Prescribers

- All NMPs must be registered as a prescriber with their professional body and accept professional accountability and clinical responsibility for their prescribing practice.
- They must work at all times within their clinical competence and with reference to their regulatory body's professional standards.
- They must recognise their own limitations and where required, seek advice and make appropriate referrals to other professionals with different expertise.
- They must only prescribe medicines for a patient whom they have assessed themselves.
- They must ensure that patients are aware that they are being treated by a non- medical prescriber and of the scope and limits of their prescribing.
- They must prescribe for the patient in accordance with their own competencies, agreed treatment plans, relevant national and local formularies appropriate to their qualification and prescribing status. This includes complying with prescribing guidance and acting on drug/appliance safety alerts.
- They must be registered as an active prescriber within the organisation by ensuring they complete the annual Declaration of Practice Form, obtaining the appropriate signatures for authorisation and returning to the NMP Lead for database submission. If there are any changes a new form must be completed.

- They must maintain accurate and contemporaneous records of all details of the consultation with the patient/service user, onto the patient user 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) if this period exceed 48 hours from the time of writing the prescription. (DOH April 2006).
- Must recognise and deal with pressures (e.g. from the pharmaceutical industry, patients, relatives or colleagues) that might inappropriately affect their prescribing decision and refuse to be influenced by such pressures. Any prescription must be in the best interests of the patient only. The NMP must report such pressures to the Associate Director of Nursing and/ or the Medicines Management Lead.
- Must ensure they have adequate Indemnity Insurance. Where a NMP prescribes with the consent of the employer as part of their professional duties and in accordance with the employer's policies and the Law, the employer is held vicariously liable for their actions (NHS Indemnity). In addition NMPs are accountable to their Professional Regulatory Body. NMP's that are self-employed / agency must demonstrate they have their own indemnity insurance.

7. LIMITATIONS OF NON-MEDICAL PRESCRIBING

- 7.1 Non-Medical prescribers will not prescribe any medicine for themselves or for anyone, with whom they have a close personal or emotional relationship.
- 7.2 This will include friends, family or colleagues. If a NMP is approached to prescribe for someone with whom they have a close personal or emotional relationship they must refer the person to another practitioner for assessment and/or treatment.

8. CONSENT

Valid consent must be obtained before starting treatment which includes administration of medicines. Refer to PC24 Capacity to Consent Policy. If a patient is unable to consent at the time the treatment decision is made due to lacking mental capacity as per the Mental Capacity Act 2007 a best interest decision will be required in order to undertake the most appropriate action for the patient at that time. This must incorporate consideration of the known wishes, feelings, beliefs and values of the patient.

9. MONITORING AND COMPLIANCE

NMP prescribing will be monitored and audited to ensure that prescribing is safe, effective, cost effective and in line with local and national guidance.

10. TRAINING AND DEVELOPMENT

10.1 All NMPs have a professional responsibility to keep themselves up to date with clinical and professional developments. NMPs will be expected to implement best practice in the management of conditions for which they may prescribe. Continuing Professional Development (CPD) needs may be met by a range of blended learning opportunities including clinical supervision, learning reflections, attendance at education events and shadowing colleagues. Prescribing should be discussed at the Personal Development Review (PDR) and any training needs met through CPD. The NMP will access on-going education offered and be self-directed in meeting learning and development needs.

10.2 The following is a list of acceptable forms of PC24 NMP CPD:

- Attending NMP CPD session – either offered by the PC24 or external to the organisation.
- ELearning in area of prescribing competency
- Individual study related to Management of Medicines / therapeutics

- Review of personal ePACT prescribing data (were available to staff member)
 - Shadowing a prescribing colleague
 - Evidence of reading journals or articles directly linked to scope of practice with reflection
 - Work based Learning or reflecting on a patient journey
- 10.3 NMPs should maintain a prescribing section within their professional portfolio. NMPs need to be aware of the RPSGB Single Competency Framework for Prescribing and utilise this as a tool to benchmark any learning needs they may have in relation to their prescribing.

11. IMPLEMENTATION

This Policy will be implemented via the document owner with the support of the Heads of Service, Associate Directors and any relevant Committees.

The document owner will outline the plan for implementation in conjunction with the production of the policy

12. DISSEMINATION

Once this policy has been approved, it will be loaded onto the staff intranet, this will be supported by a message through PC24's newsletter, NEWS24. Quality & Patient Safety team will be responsible for this action.

13. EQUALITIES AND HEALTH INEQUALITIES

- 13.1 PC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary. PC24 will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

14 PERSONAL INFORMATION

- 14.1 PC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement for policy writers to investigate when the personal information aspect of the policy complies with the data protection principles in Schedule 1 of the Data Protection Act 1998. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 1998, therefore no Privacy Impact Assessment is necessary.

15. POLICY REVIEW

This policy will be reviewed 3-yearly or sooner if national guidance or legislation requires, or if there are changes to PC24's internal processes.

Appendix 1. Non-Medical Prescribers Annual Declaration

Last Name			
First Name			
Title			
Base			
NMC PIN Number or GPhC Registration			
E Mail address (<i>NET address if possible</i>)			
Telephone Number			
Type of Non-Medical Prescriber		YES	NO
Nurse Independent Prescribing – from the community practitioners formulary for nurse prescribers (V100 and V150)			
Nurse independent and supplementary prescribing (V300)			
Pharmacist independent and supplementary prescribing			
I am prescribing electronically			
I am prescribing using pre-printed prescription pads			
I keep my skills and knowledge up to date by the following method (s)		YES	NO
A) Attending CPD Events/ Study Days			
B) Reading current literature/ publications			
C) Reading professional body standards/ legislation updates			
D) Other (<i>Please state below in block capitals</i>)			
Will you prescribing for children under 12 years of age?	Will you prescribe Controlled Drugs? INCLUDING BENZODIAZEPINES		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

DECLARATION:

I declare that I will prescribe in accordance with my training and competencies.

I declare that if there are any changes I will inform the organisations NMP lead and understand that a new declaration must be completed.

I understand that I must complete a new declaration annually.

If there is any extended break in my prescribing activities exceeding one year I understand that my prescribing will be suspended until my competency and confidence is demonstrated.

I can provide evidence that I have undertaken the minimum of 1 NMP CPD activity and /or attended 1 locality NMP forum during the past 12 months.

Signature	Print Name	Date