Cheshire Clinical Commissioning Group (CCCG)

Non-Medical Prescribing Policy

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1. Introduction

Non-medical prescribing is prescribing by registered nurses, midwives, pharmacists, physiotherapists, podiatrists, therapeutic radiographers, paramedics, optometrists, diagnostic radiographers and dieticians who have successfully completed a non-medical prescribing qualification.

2. Purpose

2.1 The purpose of this document is to set out the principles on which non-medical prescribing is based and ensure that:

- Professional and statutory obligations are met.
- Prescribing benefits patient care by improving access to medicines.
- Robust standards are in place for non-medical prescribing.
- There is clarification on accountability and responsibility.
- There is a framework and guidance under which potential applicants can determine eligibility to undertake an approved prescribing programme.
- The prescribing practice is compatible with the service development plans of Cheshire Clinical Commissioning Group (CCCG), and is an appropriate extension of a practitioner's role.
- All non-medical prescribers are appropriately qualified for their role.
- All non-medical prescribers work within national guidelines and local formularies (including the National Institute for Health and Care Excellence (NICE) and Cheshire Medicines Management Groups.
- All non-medical prescribers are supported in their role and access continuing professional development.

2.2 This non-medical prescribing policy should be read in conjunction with the documents detailed below:

- Professional Guidance on the Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society, 2019)
- Medicines Matters. A guide to mechanisms for the prescribing, supply and administration of medicines (in England) (Specialist Pharmacy Services, 2018).
- https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

3. Equality and Diversity

3.1 CCCG is committed to promoting equality, diversity and human rights in all areas of its activities. The CCCG undertakes equality impact assessments to ensure that its activities do not discriminate on the grounds of religion or belief, age, disability, race or ethnicity, sex or gender, sexual orientation and socio-economic status.

4. Scope

4.1 This policy applies to all registered nurses, pharmacists and allied health care professionals, working within the vicinity of CCCG, who, in accordance with their job description, undertake prescribing as part of their role.

4.2 The CCG NMP team as mentioned in this document refers to the NMP Lead, Medicines Management teams and administrative staff who deliver and oversee non-medical prescribing for the CCCG.

4.3 This section contains an overview of the responsibilities, duties and accountability of the employer, line manager, clinical supervisor, non-medical prescriber and CCCG.

4.4 The **employer/line manager** will be responsible for ensuring that:

- They obtain and provide prescription pads (if appropriate) for the non-medical prescriber.
- The non-medical prescriber has access to a prescribing budget.
- They comply with CCCG governance processes for non-medical prescribing (see Appendix 10 and 11).
- The non-medical prescriber has an up-to-date enhanced DBS certificate, which meets the organisation's (GP practice, Health Centre etc.) requirements.
- The non-medical prescriber has appropriate supervision to support them to prescribe independently.
- The non-medical prescriber's job description has been altered to clearly identify their scope to practice as a non-medical prescriber.
- The organisation (GP practice, Health Centre etc.) has appropriate procedures and systems in place to ensure, as far as practicable, that all prescription stationery is properly protected, secured and managed, in line with NHS Counter Fraud Authority (NHSCFA) policy on 'Management and Control of Prescription forms'.

- The non-medical prescriber is authorised and set up on the electronic prescribing system (EMIS) when they start with the organisation (GP practice, Health Centre etc.) and removed off the system when they leave the organisation.
- Appropriate pre-employment checks are undertaken *(if a non-medical prescriber is through an agency, it is the responsibility of the GP practice to ensure the agency has carried out the pre-employment checks).*
- The non-medical prescriber is registered with their relevant professional body and has a licence to practice and prescribe. The organisation (GP practice, Health Centre etc.) is aware if the non-medical prescriber has any restrictions on their practice and that they will be able to work within these restrictions.

4.5 The **clinical supervisor/mentor** will:

- Take responsibility for the oversight of the non-medical prescriber's prescribing competencies. Ensure the non-medical prescriber only works within their agreed scope of practice.
- Provide ongoing support and mentorship to ensure safe prescribing practice and undertake annual appraisal of prescribing activity to ensure adherence to local and national guidance.
- Actively monitor prescribing competencies and the non-medical prescriber's continued professional development (CPD) portfolio at agreed intervals (minimum once a year). Discuss and agree areas of practice and competence with the non-medical prescriber.
- Support the process of demonstration to the CCCG of continued competence for the non-medical prescriber to prescribe by signing the annual declaration form.

4.6 The **non-medical prescriber** will:

- Ensure they comply with CCCG governance processes for non-medical prescribing (see Appendix 10 and 11).
- Adhere to the CCCG Non-Medical Prescribing policy, local/national guidelines (see Section 8 of this policy) and their professional code of conduct.
- Remain up to date on therapeutics in their field of prescribing practice, and to changes to national and local prescribing guidelines.
- Take full responsibility and accountability for clinical assessments undertaken, management of patients and their prescribing decisions.

- Only prescribe medicines (including controlled drugs), within their competence and agreed formulary / framework of a patient specific clinical management plan.
- Monitor and review patient progress and response to treatment and take action accordingly.
- Ensure their professional registration is current and active, with their non-medical prescribing role registered with their professional body.
- Ensure their role as a prescriber is clearly stated in their job description.
- Ensure they provide evidence-based, safe, cost effective prescribing to their patients at all times, which is patient centred and responds to the patient's needs.
- Keep accurate, legible, unambiguous and contemporaneous records of a patient's care, which identifies them as the non-medical prescriber, including details of all prescriptions issued.
- Ensure patients understand their rights in relation to non-medical prescribing (patients have the right to refuse treatment/prescribing from a non-medical prescriber).
- Liaise with other healthcare providers, as appropriate, in accordance with service policies; ensuring patients are referred to other healthcare professionals when necessary.
- Ensure that prescriptions are written legibly, legally and in accordance with the BNF 'prescription writing' requirements.
- Ensure they comply with the organisation's (GP practice, Health Centre etc.) procedures, systems, processes and security on prescription stationary.
- Ensure they engage in appropriate CPD, supervision and submit evidence of their ongoing competence to prescribe when requested.
- Report all patient safety incidents in accordance with their organisation's (GP practice, Health Centre etc.) Significant Event Analysis policy:
- Ensure that they have access to (and use) the current version of the BNF/BNF for children/NPF, as appropriate.
- Cooperate with any investigations into their prescribing practice.
- Maintain a personal formulary that is up to date, if acting as an independent non-medical prescriber.

- Never write a prescription for themselves, friends or family members - see 5.11.
- Only prescribe for patients directly under their care in their normal working practice.
- Not routinely sign repeat prescriptions, unless the repeat prescriptions are for patients who are under their care and are for drugs which are listed in their personal formulary. This equally applies to prescribing across the secondary and primary care interface. The legal responsibility for prescribing in this scenario lies with the clinician who signs the prescription. [Non-medical prescribers must be aware by signing repeat prescriptions they do so in the knowledge that they are responsible as the signatory of the prescription and are accountable for their practice].
- Not administer a medication that they have prescribed. Prescribing and administration should remain separate activities. If this is not possible a second practitioner, who is authorised to administer the medication should provide a second check.
- Ensure they maintain an up to date portfolio, documenting clearly the hours of continuing professional development completed and any associated certificates.
- Ensure they review their prescribing data quarterly. [It is good practice to complete the form in Appendix 6 with the clinical supervisor/mentor, when reviewing prescribing data. There is no need to submit this form to the CCCG NMP team but it is recommended that this form is kept in the non-medical prescriber's portfolio].

4.7 **CCCG** will be responsible for:

- Ensuring there is an up-to-date register/database of non-medical prescribers working within CCCG. [Details of all non-medical prescribers must be retained on the register for six years after the prescriber ceases working for the practice].
- Carry out a biannual check of non-medical prescribers employed by GP practices across CCCG.
- Processing Health Education England (HEE) / Service Level Agreement (SLA) applications for the non-medical prescribing course, including nomination for numeracy assessment.
- Monitoring prescribing data on a quarterly basis.

- Notifying, via email, all non-medical prescribers with their quarterly prescribing data, for them to review with their clinical mentor/supervisor or other medical practitioner.
- Highlighting any prescribing issues and escalating any non-medical prescribing issues that haven't been dealt with at practice level to the appropriate personnel/committee.

5. Legal and Clinical Liability

5.1 Each qualified non-medical prescriber 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.

5.2 Each qualified non-medical prescriber should prescribe within the locally agreed formularies and guidelines.

5.3 When a non-medical prescriber is appropriately trained, qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for the actions of the non-medical prescriber.

5.4 The non-medical prescriber's job description must include a clear statement that prescribing is required as part of their duties to their post. [This is the responsibility of both the employer and the non-medical prescriber].

5.5 Each non-medical prescriber must be aware of, and is expected to work within, their professional body standards for prescribers as well as the policies and guidelines ratified by their employer.

5.6 All prescribers should ensure they have adequate professional indemnity insurance that covers them for the scope of their prescribing practice.

5.7 All qualified non-medical prescribers need to comply with the CCCG governance processes for non-medical prescribing (see Appendix 10 and 11). This will identify that non-medical prescribers have the relevant knowledge, competence, skills and experience (including children and controlled drug prescribing).

5.8 Non-medical prescribers must ensure that patients are informed that they are being treated by a non-medical prescriber and 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.

5.9 Transcribing is the term used when writing medication from one 'direction to supply or administer' to another form of 'direction to supply or administer'. Non-medical prescribers 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 areas of competency/approval.

5.10 Non-medical prescribers must not prescribe for themselves. Neither should they prescribe for anyone with whom they have a close personal or emotional relationship (including friends and family), other than in exceptional circumstances (for further details refer to the relevant professional bodies' standards and codes of ethics detailed above).

5.11 Non-medical prescribers must only prescribe for patients directly under their care in their normal working practice.

5.12 If a prescriber issues a repeat prescription, they are responsible and accountable as the signatory of that prescription. The non-medical prescriber should therefore be familiar with the patient, their condition and the medication required; in addition this must be within their scope of prescribing practice/competency. Where issuing ongoing repeats, the non-medical prescriber is responsible for the ongoing assessment of the patient to ensure prescribing and any required monitoring remains in line with clinical need. In some circumstances

5.13 Shared Care Guidance is available for specific drugs where therapy is initiated in the specialist setting but, at an agreed time, prescribing and drug monitoring is taken over by primary care.

- Hospital specialists should request a sharing of care and provide written guidance on the arrangements for sharing of care between the NMP and hospital specialist.
- This includes advising the patient's NMP which medicine to prescribe.
- If a new or rarely prescribed medicine is recommended, the hospital specialist should specify the dosage and means of administration, and agree a protocol for treatment.
- Hospital specialists should explain the use of unlicensed medicines and departures from authoritative guidance or recommended treatments and provide both the NMP and the patient with sufficient information to permit the safe management of the patient's condition.
- If a NMP is uncertain about their competence to take responsibility for the patient's continuing care, they should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague.
- If the NMP is still not satisfied, they should explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care.

5.14 Non-medical prescribers must not administer a medication that they have prescribed. Prescribing and administration should remain separate activities. If this is not possible a second practitioner, who is authorised to administer the medication should provide a second check.

5.15 The non-medical prescriber should ensure that the person administering the medicine has sufficient information to enable the patient to derive the maximum benefit from it. He/she will need to use their judgment 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.

5.16 Non-medical prescribers must be able to recognise and deal with pressures that might result in inappropriate prescribing. 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 2019, which regulates the promotion of prescription medicines and certain other non-promotional activities. It is important that non-medical prescribers make choices of a medicinal product for their patients on the basis of evidence, clinical suitability and cost effectiveness, and in line with the local formulary.

5.17 Non-medical prescribers need to be familiar with and comply with their professional standards on interacting with the pharmaceutical industry.

5.18 Independent prescribers may prescribe medicines for uses outside of their licensed indications/UK marketing authorisation (off-label).

In doing so they:

- accept professional, clinical and legal responsibility for that prescription, and should only prescribe off-label medication where it is accepted clinical practice and in accordance with local formulary is satisfied that it would better serve the patient's clinical needs than a licensed alternative.
- Must be satisfied that there is a 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 all medicines prescribed and the reason for prescribing off-label.

6. Issuing Prescriptions

6.1 Prescriptions should only be issued by practitioners who are registered as prescribers with their professional regulatory body, and demonstrate up-to-date clinical competence in their intended field of prescribing.

6.2 Prescriptions may only be issued to patients registered with the organisation that employs/engages with the non-medical prescriber.

6.3 With the advent of electronic prescribing, faxing of prescriptions is not recommended. If electronic prescribing is not possible an alternative secure method such as email should be used instead. A faxed prescription is not a legally valid prescription and a supply against a faxed prescription is, therefore, not a legal supply. Pharmacists may prepare and supply medicines against a fax in anticipation of the pharmacy receiving the prescription within 72 hours. Faxing prescriptions should only be done in exceptional circumstances, but NEVER for supplying controlled drugs or for oral isotretinoin.

6.4 If the prescription needs to be handwritten the non-medical prescriber should complete the FP10 prescription form in line with the 'Prescription Writing' requirements as per the Human Medicines Regulations 2012 which can be found in the most up-to-date BNF.

6.5 Non-medical prescribers who are prescribing controlled drugs should be familiar with the Misuse of Drugs Regulations 2001 for controlled drug prescription writing which can be found in the BNF

6.6 FP10 prescription pads are available from Primary Care Support England (PCSE), via the online supplies ordering portal.

6.7 All computer generated prescriptions must be in accordance with NHSBSA requirements, available here. All prescriptions must have the non-medical prescriber's name, professional registration number/PIN number and practice code and must be signed and dated by the named non-medical prescriber only.

6.8 In most cases no more than four weeks supply of any product should be prescribed at any one time.

6.9 Repeat prescriptions can only be issued to enable an ongoing plan of care, which must be re-assessed and recorded in the patient record and/or medical notes, as appropriate.

6.10 All non-medical prescribers are advised to prescribe generically, except where this would not be clinically appropriate, or where there is no approved generic

name for the medicine, or the CCG formulary recommends use of a branded generic.

7. Adverse Drug Reaction Reporting

7.1 If a patient experiences a severe or unexpected reaction to a prescribed medicine, the non-medical prescriber should, if appropriate, use the Adverse Drug Reaction (ADR) Reporting Form or 'Yellow Card' to report this to the Medicines and Healthcare products Regulatory Agency (MHRA).

7.2 Reporting should be carried out for prescribed drugs, medicines obtained by patients over the counter and herbal medicines.

7.3 Electronic reporting is the method of choice and can be accessed from MHRA or in some cases via the GP's clinical system e.g. Emis

7.4 Paper versions of the Yellow Card are included in the BNF.

7.5 All adverse reactions and subsequent actions should be documented in the patient's notes.

8. Record Keeping

8.1 Non-medical prescribers need to be familiar with and comply with their professional standards on record keeping.

8.2 Following a full assessment of a patient, details of the assessment, together with details of the prescription, must be recorded in the patient's medical records. All prescribers are required to keep accurate, timely, comprehensive and accessible records, which are unambiguous and if handwritten, are legible.

8.3 In supplementary prescribing an agreed Clinical Management Plan (CMP), either written or electronic, must be in place, in accordance with the Nursing and Midwifery Council guidelines.

The plan must relate to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. The plan should be included in the patient's record.

9. Security and Safe Handling of Prescriptions

9.1 Organisations (GP practices, Health Centres etc.) must have appropriate procedures and systems in place to ensure, as far as practicable, that all prescription pads are properly protected secured and managed, in line with NHSCFA policy on 'Management and Control of Prescription forms'.

9.2 The security of prescription forms is the responsibility of both the organisation and the individual prescriber. It is advisable to hold only minimal stocks of prescription forms.

9.3 All non-medical prescribers should be aware of the organisation's procedures and systems relating to prescription pads.

9.4 It is the responsibility of the organisation to order and maintain a register of prescription serial numbers that have been given to non-medical prescribers.

9.5 Under no circumstances should blank prescription forms be pre-signed before use.

9.6 When not in use prescription pads must be stored in a suitable locked drawer/cupboard.

9.7 When travelling between patients, prescription pads should be kept out of sight and never be left unattended in the car.

9.8 Best practice dictates that where possible, prescription pads should be returned to safe storage at the end of the day.

9.9 Non-medical prescribers must only write prescriptions on a prescription pad bearing their name, professional registration number/PIN number and prescribing qualification.

9.10 If a prescription is written in error 'VOID' should be written across the prescription, a note of the prescription serial number made and reason for destruction recorded. The void prescription should be shredded as soon as possible.

9.11 Prescription pads must be returned to the practice manager/line manager before the last day of employment, commencement of maternity leave or anticipated long-term sickness leave. [It is the responsibility of the line manager/practice manager to ensure that prescription pads are retrieved from non-medical prescribers].

10. Loss or Theft of Prescription Pads

10.1 It is the responsibility of the organisation (GP practice, Health Centre etc.) to ensure that they have effective processes in place for staff to report incidents involving prescription forms. These processes should be documented within a Standard Operating Procedure (SOP) or policy and widely communicated to staff.

10.2 All non-medical prescribers must inform their line manager/practice manager of any lost or stolen prescription pads. This must be done on the same day the prescription pads were noted to be lost/stolen. If theft of prescription pads

occurs during a weekend the prescriber should notify their line manager/practice manager on the next working day.

10.3 All incidents involving lost or stolen prescriptions should be reported. It is the responsibility of the organisation and the non-medical prescriber to ensure the incidents are reported.

10.4 All incidents involving theft of prescriptions must be reported to:

a) NHS England CAS alerts website.

b) CD website - (if an individual has not used the system before they will need to register first before being able to submit the incident).

c) The police via 101.

10.5 All incidents involving lost prescription pads must be reported to:

a) NHS England CAS alerts website

b) CD website

10.6 Details of the approximate number of scripts lost or stolen, their serial numbers and when and where they were lost or stolen will be required. If there were any witnesses to the event then a description of possible suspects may be requested.

10.7 To support organisations to learn from incidents involving lost or stolen prescription pads, all incidents must also be reported in accordance with the organisation's Significant Event Analysis policy:

10.8 To support CCCG in monitoring incidents involving lost or stolen prescription pads, all incidents must also be reported on Datix.

11. Destruction of Prescription Pads

11.1 Old/unused prescription forms should be securely destroyed once the prescription serial numbers have been recorded, in line with NHSCFA policy on 'Management and Control of Prescription forms'.

12. Controlled Drugs

12.1 A non-medical prescriber must only prescribe controlled drugs if they are legally entitled to do so.

12.2 A non-medical prescriber must not prescribe beyond their limits of competence and experience.

12.3 Legally the prescription for any schedule 2 or 3 controlled drug must include the dosage "when required" and "as directed" does not legally constitute a

dose. There is 28 day validity on CD prescriptions (except schedule 5 drugs) and medicines which are not controlled drugs should not be prescribed on the same prescription as schedule 2 or 3 drugs.

12.4 All non-medical prescribers should be aware of their organisation's polices around the handling and management of controlled drugs.

12.5 All organisations and non-medical prescribers should be aware of and refer to the Controlled drugs: safe use and management (NG46) published by the National Institute for Health and Care Excellence (NICE), April.

13. Clinical Supervision and Continued Professional Development

13.1 Clinical supervision and continuing professional development are essential elements of the clinical governance framework for non-medical prescribing.

13.2 The non-medical prescriber is responsible for their own ongoing 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 lead to fitness to practice concerns, which may be raised with the non-medical prescriber's professional body.

13.3 Continuing professional development requirements should be identified at least annually, during the non-medical prescriber's appraisal process.

13.4 The non-medical prescriber is required to maintain a continuing professional development portfolio, including a review of prescribing related critical incidents and learning from them.

13.5 The clinical supervisor and the employer should ensure that the prescriber has access to relevant education, training and development opportunities. Continuing professional development may also be met by reading, clinical supervision, shadowing and clinical / peer review.

13.6 Every non-medical prescriber should have access to clinical supervision in support of their practice, enabling practitioners to maintain and improve standards of care and develop their prescribing skills.

13.7 The clinical supervisor is responsible for reviewing the non-medical prescriber's continuing professional development portfolio at agreed intervals, at least annually, for assurance purposes.

13.8 The clinical supervisor and non-medical prescriber should agree how often they should meet to discuss competencies, prescribing and continuing professional development. The decision should take into account the experience of the non-medical prescriber, and should be more frequent to support newly qualified non-medical prescribers or where there has been a change in role.

13.9 All non-medical prescribers should conduct an appraisal of their own practice against the “A Competency Framework for all Prescribers” published by the Royal Pharmaceutical Society.

13.10 It is the responsibility of the non-medical prescriber to ensure that their clinical supervisor and employer/line manger are informed if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable or safe level. The non-medical prescriber should not continue with prescribing activities in this case until his/her needs have been addressed and their competence or confidence is restored.

14. Returning to Practice / Changing Prescribing Speciality

14.1 Non-medical prescribers are legally accountable for their practice and should not prescribe outside of their level of competence / knowledge.

14.2 If returning to prescribing practice after a period of time or changing speciality, it is recommended that the non-medical prescriber:

- Appraise their prescribing practice with their clinical supervisor/mentor, prior to recommencing a prescribing role.
- Is assessed by their clinical supervisor/mentor as being competent to prescribe, prior to recommencing a prescribing role.
- Identifies and agrees a learning plan with their clinical supervisor/mentor.

15. Audit

15.1 This policy supports the governance processes for all non-medical prescribing across CCCG.

15.2 CCCG NMP team will ensure that individual electronic prescribing data (ePACT) is available for accessing at quarterly intervals. [This only applies to non-medical prescribers that are employed by GP practices across CCCG].

15.3 A clear audit trail for prescriptions is essential and non-medical prescribers must only prescribe on an FP10 prescription form bearing their own name and professional registration number/PIN number. It is important to note that it is possible to issue computer generated FP10s bearing the name of other prescribers within the practice, which could result in an item being incorrectly attributed, via ePACT data, to a non-medical prescriber. If the issued medication is not within the non-medical prescriber’s scope of practice this could raise concerns. Organisations should ensure that administrative staff who deal with computer generated prescriptions are aware of this issue, and that computer systems are correctly set up to help avoid this problem.

15.4 The Electronic Prescription Service (EPS) is a way of issuing prescriptions and electronic signing of prescriptions represents the prescriber's authorisation. It will be important to bear in mind the following:

- Prescriptions electronically sent 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 other person other than the authoriser.
- The practice must have a robust system for the electronic issue of prescriptions, including repeat dispensing, which meets clinical governance and risk management issues.

15.5 The CCCG NMP team will ensure that any anomalies noted during the monitoring of a non-medical prescriber's ePACT data, are highlighted to the non-medical prescriber (see Appendix 7). [This only applies to non-medical prescribers employed by GP practices across CCCG].

16. Locum/Agency/Contractor Non-Medical Prescribers

16.1 It is the responsibility of the provider organisation (which engages with locum/agency/contractor non-medical prescribers) to have the necessary clinical governance infrastructure in place to ensure safe prescribing practice is carried out by any locum/agency/contractor non-medical prescribers.

16.2 It is the responsibility of the provider organisation (which engages with locum/agency/contractor non-medical prescribers) to hold their own internal register of their locum/agency/contractor non-medical prescribers.

16.3 Details of any locum/agency/contractor non-medical prescribers must be kept on the register for six years after the prescriber ceases working for the practice/organisation.

16.4 The provider organisation must comply with the governance processes detailed in Appendix 11 of this policy (this is not applicable if the provider organisation has their own NMP Lead).

16.5 For organisations who have their own NMP Lead, it will be the responsibility of the organisation's NMP Lead to support, manage, register their locum/contractor/agency non-medical prescribers with the NHSBSA and ensure appropriate clinical governance structures are in place for their non-medical prescribers.

16.6 All practices should contact the medicines management team to register all regular or extended period NMP locums. This will enable them to be

registered with NHSBSA for the duration of their service to the GP practice (Appendix 1 to be completed as much as possible) and allow for monitoring of their prescribing data.

17. Organisations (other than GP practices) that are commissioned to provide contracted healthcare services for CCCG

17.1 It is the responsibility of the commissioned organisation to have the necessary clinical governance infrastructure in place to ensure safe prescribing practice is carried out by all its non-medical prescribers providing healthcare services.

17.2 It is the responsibility of the organisation to hold their own internal register of their non-medical prescribers.

17.3 Details of any non-medical prescribers must be kept on the register for six years after the prescriber ceases working for the organisation.

17.4 The organisation must comply with the governance processes detailed in Appendix 11 of this policy (this is not applicable if an organisation has their own NMP Lead).

17.5 For organisations who have their own NMP Lead, it will be the responsibility of the organisation's NMP Lead to support, manage, register their non-medical prescribers with the NHSBSA and ensure appropriate clinical governance structures are in place for their non-medical prescribers.

18. NHS Foundation Trusts

18.1 Non-medical prescribers employed by NHS Foundation Trusts will remain under the Trust's governance processes.

18.2 It is the responsibility of the Trust NMP Leads to support, manage, register their non-medical prescribers with the NHSBSA, ensure clinical governance structures are in place and keep an up-to-date register for their non-medical prescribers.

19. CCCG Employed Practice Based Pharmacists

19.1 As the employing organisation, CCCG Clinical Directorate will have responsibility for ensuring all relevant checks and procedures have been adhered to, as outlined in Section 5 of this document.

19.2 The approval and review of a practice based pharmacist's personal formulary will be the responsibility of the pharmacist's line manager.

19.3 On initial registration the CCCG NMP team will agree the personal formulary authorisation with the pharmacist's line manager and register the non-medical prescriber with the NHSBSA.

19.4 Clinical support at practice level will be from a designated GP, as stipulated in the CCCG practice based Service Level Agreement. Additional support at practice level, such a registration on EMIS, will be the responsibilities of the practice i.e. practice manager.

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Appendix 1: Cheshire CCG (CCCG) Non-Medical Prescriber Approval to Practice Form: completion notes

Please note:

- This form should completed and returned to the Non-Medical Prescribing team at CCCG, via email to cheshireccg.nmp.policy@nhs.net **before** a non-medical prescriber can be registered with the NHS Business Services Authority (NHSBSA), and prescribe in their employing organisation.
- The non-medical prescriber **must not** start prescribing until they have received confirmation from the NMP team that their details have been submitted to the NHSBSA.

Confidentiality

The information you provide on this form will be used to support your registration with the NHSBSA, enabling you to start prescribing within the organisation you are employed at.

Following the introduction of the Data Protection Act 2018 and General Data Protection Regulation (GDPR), CCCG would like to make you aware of the following:

- We will only share your information with the NHSBSA for the purpose of processing your application.
- The completed document will be held in an access restricted folder (which will only be accessed by approved members of the CCCG medicines optimisation team) on a secure server.
- Any paper copies received will be scanned to the folder and the paper copies securely destroyed.
- The NMP team will maintain a secure database of all non-medical prescribers and details of prescribing qualification.

We may need to communicate with you via e-mail. The e-mail address you provide will be included in a 'group e-mail' used to send information to non-medical prescribers (e.g. prescribing alerts, courses, conferences, etc.).

The non-medical prescriber must not start prescribing until they have received confirmation from the NMP team that their details have been submitted to the NHSBSA

Appendix 1: Cheshire CCG (CCCG) NMP Approval to Practice (ATP) Form

Please ensure that the highlighted boxes are completed – these are commonly missed when completing this form. Thank you

DECLARATION: NEW APPLICATION ☐ ANNUAL APPLICATION ☐ **(please tick as appropriate)** UPDATED APPLICATION ☐ ☐			
Prescriber's name:		**Title:**	Mr / Mrs / Miss / Ms
Prescriber's email:			
Professional registration no: (NMC/GPhC no. or equivalent)		**Independent Prescriber V300** ☐ **Supplementary Prescriber V100/V150** ☐ (please tick as appropriate)	
Profession: e.g. Nurse / Pharmacist etc		**Date of qualification as a prescriber:**	
Base/Practice:		**Practice code:**	
Date started as NMP at current practice:		**Practice Tel. No:**	
Job Title: Practice Nurse / ANP/ Practice Pharmacist etc			
Clinical Supervisor / Mentor		**Clinical Supervisor / Mentor's email**	

Please tick to say you have read the current non-medical prescribers' policy which can be found at: ☐

Please tick to confirm you have professional indemnity to cover the scope of activities you will be undertaking ☐

Please tick to confirm you have read the Royal Pharmaceutical Society Prescribing Competency Framework ☐

Will you work as a prescriber in another Provider / Practice?	YES / NO	**If YES - Please complete Appendix 2**	
Will you prescribe Schedule 2–5 Controlled Drugs? Yes, I will be prescribing controlled drugs within the following schedules (Please cross ☒ relevant boxes)	Schedule 2 ☐ e.g Diamorphine, Fentanyl, Oxycodone, Morphine, ...Methylphenidate,(eg Matrifen, Zomorph, Longtec, ...Oxeltra) Shortec, Fencino,Mezolar,Xenidate,Xaggitin Schedule 3 ☐ e.g Temazepam, Tramadol, Pregabalin, Gabapentin, ...Buprenorphine, Midazolam, Butec, Marol, Maxitram Schedule 4 ☐ e.g. Zopiclone, Diazepam, Testosterone Schedule 5 ☐ e.g. Codeine based preparations (Co-codamol .....8/500), Pholcodine, Zapain		

Scope of prescribing practice			
The following areas of practice have been identified as appropriate for prescribing, in line with the British National Formulary (BNF) categories. **Please tick each box that supports the clinical areas in which you will prescribe.**			
Chapter 1: Gastro – intestinal system	☐	**Chapter 2: Cardiovascular system**	☐
Chapter 3: Respiratory system	☐	**Chapter 4: Nervous system**	☐
Chapter 5: Infection	☐	**Chapter 6: Endocrine system**	☐
Chapter 7: Genito-urinary system	☐	**Chapter 8: Immune system & Malignant disease**	☐
Chapter 9: Blood and Nutrition	☐	**Chapter 10: Musculoskeletal system**	☐
Chapter 11: Eye	☐	**Chapter 12: Ear, Nose & Oropharynx**	☐
Chapter 13: Skin	☐	**Chapter 14: Vaccines**	☐
Chapter 15: Anaesthesia eg Emla cream	☐	**Other (please specify)** (e.g. wound management products, elasticated garments, appliances)	☐
Community Practitioner Nurse Prescriber Formulary			☐

Continual professional development - how do you keep your skills & knowledge up to date?	
Please tick as appropriate	
Reading current literature / publications NICE guidelines	
Reading updates on prescribing	
Attending CPD events / study days	
Clinical supervision within non-medical prescribing role and area of prescribing practice	

Will you prescribe for children under 12 years old? YES / NO
This information is required as prescribing in children is considered a specialist area of practice.

Will you be carrying out home or care home visits? YES / NO
In these circumstances, the prescriber may need an FP10 prescription pad, available from Primary Care Support England

Please sign below to state:

- That you confirm to share your details with CCCG for the purpose stated on page two of this form.
- All the details provided in this form are correct at the time of completion.
- That you agree to your roles and responsibilities as detailed in the CCCG Non-Medical Prescribing policy.
- That you have read, understood and agree to adhere to the requirements and obligations in the CCCG Non-Medical Prescribing policy.
- That you have reviewed your ePACT data with your clinical supervisor/mentor.

Signature of NMP_____**Date**_____

Signature of Clinical Supervisor / Mentor_____**Date**_____

Please email this completed form to: cheshireccg.nmp.policy@nhs.net

For practitioners who wish to <u>cease prescribing only:</u>

I confirm that I am no longer prescribing – please deregister me from the CCCG NMP database

Name: ……..

Signature: ……Date: ……

Please ensure that you inform us promptly if the you leave the employment of this Practice so that you can be de-registered with NHSBSA for that practice.

To be completed by the NMP Team

- ☐ Professional register checked.
- ☐ New applicants only - NHSBSA Form completed and sent
  Date completed ……
- ☐ NMP informed via e-mail that the ATP form has been approved
- ☐ Approval to Practice Form uploaded into NMP's Folder.
- ☐ Added to NMP database or removed for leavers

NMP team signature: ...……
Date: ……..

Appendix 2

FORM FOR COMPLETION BY NMPs WORKING ACROSS MULTIPLE PRACTICES

NMP Details

Full Name	
Title (e.g. Mr / Mrs / Miss / Ms)	
Contact email address	
Professional Registration No.	

To be completed by the Lead Clinician of hosting practice / employing organisation

I can confirm as Lead Clinician, of the applicant's hosting practice, that I take responsibility for the oversight of the applicant's prescribing competencies working across all the practices they are registered with.

Lead Clinician's Signature: .....

Name (**PLEASE PRINT**): ……

Date: ……

Lead Clinician Email: ……

To be completed by the Lead Clinician of each additional practice where the NMP will prescribe

By signing this form, practices are authorising the CCCG NMP team to register the NMP with the NHS Business Services Authority as a prescriber for the practices below. Oversight of prescribing will rest with the Lead Clinician of the hosting employer/employing organisation as above.

Practice Name	Practice Address	Practice Code	NMP start date at practice (dd/mm/yy)	Lead clinician of practice (PRINT NAME)	Lead clinician of practice (Signature)

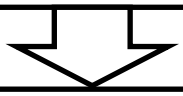
Appendix 3: Process for Registering Qualified Non-Medical Prescribers with Cheshire CCG (CCCG) and NHS Business Services Authority

This process applies to **all** non-medical prescribers who start employment in a GP practice, or move to work as an employee in a different GP practice within Cheshire Clinical Commissioning Group

Qualified non-medical prescriber submits a copy via email of the following to the CCCG NMP team at cheshireccg.nmp.policy@nhs.net

1. Their 'notification of entry onto their professional register' (with professional registration number) to confirm NMP qualification to CCCG (this process should be completed prior to starting work).

2. Completed CCCG Approval to Practice Form



Once the documents/forms have been received and reviewed the CCCG NMP team completes the form titled 'Non-medical prescriber joining a GP practice or cost centre', and emails this to nhsbsa.prescriptioninformation@nhs.net to register the non-medical prescriber with the NHS Business Services Authority (NHSBSA), this takes 5 working days.
CCCG NMP team enters the non-medical prescriber details onto the CCCG non-medical prescriber database.

The GP practice is responsible for ensuring that the non-medical prescriber is aware of local formularies and guidelines, setting the non-medical prescriber up on the electronic prescribing system and if appropriate obtaining FP10 prescription pads.

Once the non-medical prescriber has been notified, via email, by the CCCG NMP team that the necessary form for the NHSBSA has been submitted they can now prescribe.

Note: *It is the responsibility of the GP practice to notify the CCCG NMP team when the non-medical prescriber leaves the practice. This is important to ensure that they get deregistered (with the NHSBSA) as a prescriber from the practice.*

Appendix 4: Process for Deregistering Qualified Non-Medical Prescribers with the NHS Business Services Authority (NHSBSA)

This process applies to **all** non-medical prescribers who **leave** the employment of a GP practice within Cheshire Clinical Commissioning Group (CCCG).

GP practice/practice manager confirms last working day with the non-medical prescriber.

↓

GP practice/practice manager informs the CCCG NMP team, via email to cheshireccg.nmp.policy@nhs.net, of the last day that the non-medical prescriber will be working at their practice.

↓

CCCG NMP team completes the form titled 'Non-medical prescriber leaving a GP practice or cost centre', and emails this to nhsbsa.prescriptioninformation@nhs.net to deregister the non-medical prescriber with the NHS Business Services Authority (NHSBSA).
CCCG NMP team updates the CCCG non-medical prescriber database.

↓

CCCG NMP team informs the GP practice/practice manager, via email, that the necessary form for the NHSBSA has been submitted, and that the non-medical prescriber has been deregistered (with the NHSBSA) as a prescriber from their practice.

↓

The GP practice/practice manager is responsible for ensuring that the non-medical prescriber is removed off the electronic prescribing system and, if appropriate, recover and securely destroy all unused prescription forms relating to the non-medical prescriber, in line with NHS Counter Fraud Authority (NHSCFA) policy on 'Management and Control of Prescription forms'.

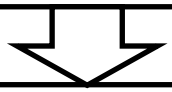
Appendix 5: Process for Registering Changes to Non-Medical Prescriber Details with the NHS Business Services Authority

This process applies to **all** non-medical prescribers who are **employed by** a GP practice within Cheshire Clinical Commissioning Group (CCCG).

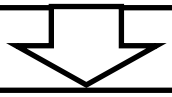
Non-medical prescriber informs the CCCG NMP team, via email to cheshireccg.nmp.policy@nhs.net of any of the following changes:

- Change of non-medical prescriber code/professional registration number.
- Change in title, surname or initials.
- Change in qualification (only applicable to nurse prescribers V100/V150, for example, a nurse may be registered as a district nurse but then completes a non-medical prescribing course and can act as an independent prescriber).

*Non-medical prescribers must inform their professional regulatory body (General Pharmaceutical Council (GPhC) / Nurse and Midwifery Council (NMC) etc.) of any of the above changes, and these changes **must** be stated on the professional register before any details can be changed with the NHS Business*



CCCG NMP team completes the form titled 'Change of non-medical prescriber details', and emails this to nhsbsa.prescriptioninformation@nhs.net to register the changes with the NHSBSA.
CCCG NMP team updates the CCCG non-medical prescriber database.



CCCG NMP team informs the non-medical prescriber, via email, that the necessary form for the NHSBSA has been submitted.

Appendix 6: Non-Medical Prescriber Review of Quarterly Prescribing Form
(*This form is optional for a non-medical prescriber to use to record their own auditing or if further information is requested by CCCG regarding prescribing anomalies)*

Non-Medical Prescriber Name		Date of review
Clinical Supervisor/Mentor Name		
Date of prescribing data		
Review of all medication other than controlled drugs.		
Please list any prescribing outside your agreed scope of practice. Explain why and what action you are going to take to ensure prescribing is within your agreed scope of practice e.g. change Approval to Practice form if competency agreed by clinical supervisor/mentor, further training before competency agreed, action taken to ensure no future prescribing.		
Review of branded/non-formulary items		
Has any branded, non-formulary items been prescribed? **Yes / No** Is there a valid reason for prescribing branded, non-formulary items? **Yes / No** If 'No' please state what action will be taken to ensure no future prescribing of such items. What action will you take to ensure no future prescribing of items?		
Review of controlled drugs.		
Are you authorised to prescribe controlled drugs **Yes / No**		
Have you prescribed controlled drugs **Yes / No**		
Please list any prescribing outside your agreed scope of practice. Explain why and what action you are going to take to ensure prescribing is within your scope of practice, e.g. change Approval to Practice form if competency agreed by clinical supervisor/mentor, further training before competency agreed, action taken to ensure no future prescribing.		
Signature of non-medical prescriber:		
Signature of clinical supervisor/mentor:		

This form should be retained by the clinical supervisor/mentor and the non-medical prescriber for review purposes.

Appendix 7: Process for Dealing with Prescribing Concerns related to Non-Medical Prescribers

1. Anomalies/concerns in prescribing are brought to NMPs attention via email and should initially be discussed directly with the non-medical prescriber by their clinical supervisor/mentor/practice

2. Clinical supervisor/practice manager/non-medical prescriber feedback any actions taken within 1 month, via email, to the CCCG NMP team and provide assurance to CCCG that systems are in place to avoid similar incidents/mitigate the risk.

3. If the CCCG NMP team are still concerned, the non-medical prescribing issue is escalated to the appropriate committee/personnel (Quality and Safeguarding committee /Nursing Lead). A summary report of the concern and action to date will be submitted to the committee/personnel.

4. The appropriate committee/personnel identify necessary actions that need to be taken and the CCCG NMP team communicates (via email or by a face-to-face meeting) the actions to the clinical supervisor/practice manager/non-medical prescriber.

5. Clinical supervisor/practice manager/non-medical prescriber acts on the recommendations from the committee/personnel and submit a response, via email, to the CCCG NMP team to provide assurances that the actions have been addressed.

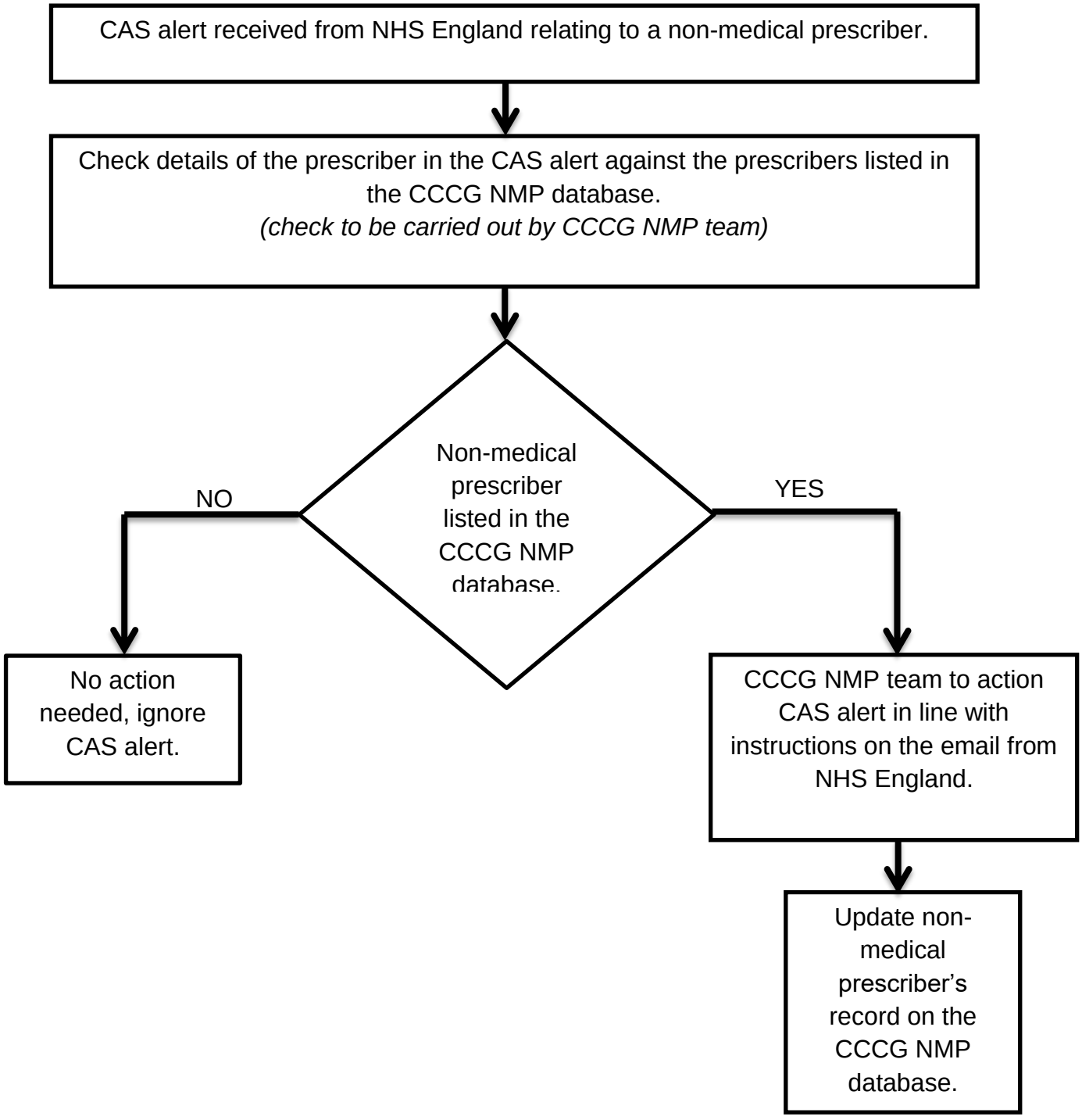
6. CCCG NMP team will review the clinical supervisor's/practice manager's/non-medical prescriber's response, and then submit a written report to the appropriate committee/personnel summarising the actions taken by the clinical supervisor/practice manager/non-medical prescriber, for review.

7. Steps 4,5 and 6 are repeated until sufficient assurance has been provided to the committee/personnel that systems are in place to avoid the risk of similar incidents from occurring.

8. Any actions and outcomes (including reports, minutes of meetings etc.) will be recorded on the non-medical prescriber's records on the CCCG NMP database.

Please note: It may be necessary for CCCG to request copies of prescriptions from the NHS Business Services Authority. All correspondence will be logged on the CCCG NMP database. If necessary the non-medical prescriber should review and update their Approval to Practice form and email it to the CCCG NMP team to cheshireccg.nmp.policy@nhs.net.

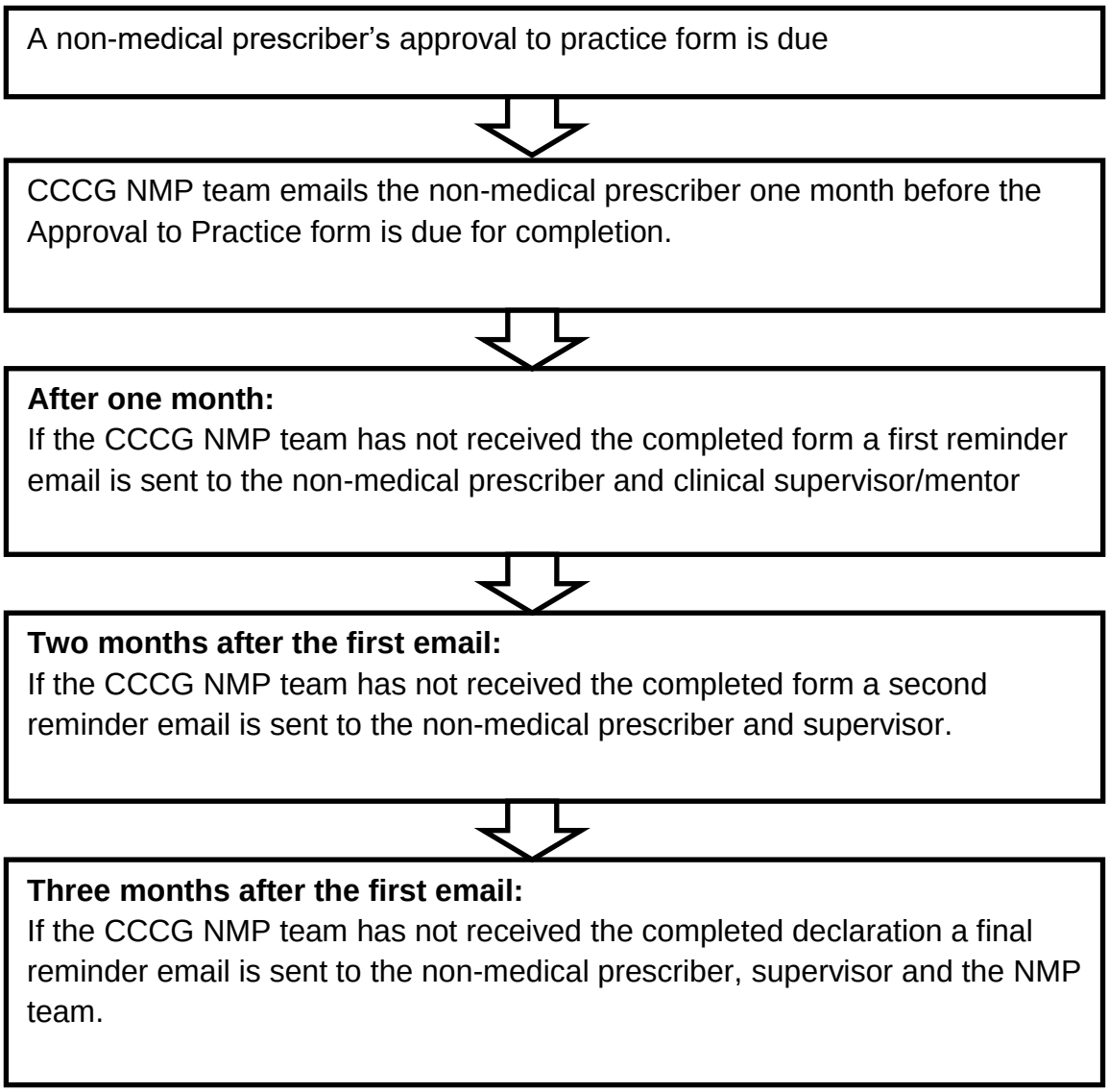
Appendix 8: Process for Dealing with CAS Alerts relating to Non-Medical Prescribing



Any additional actions required will be managed by the appropriate teams in CCCG.

Appendix 9: Process for Dealing with Noncompliance with Cheshire (CCCG) NMP Governance Processes

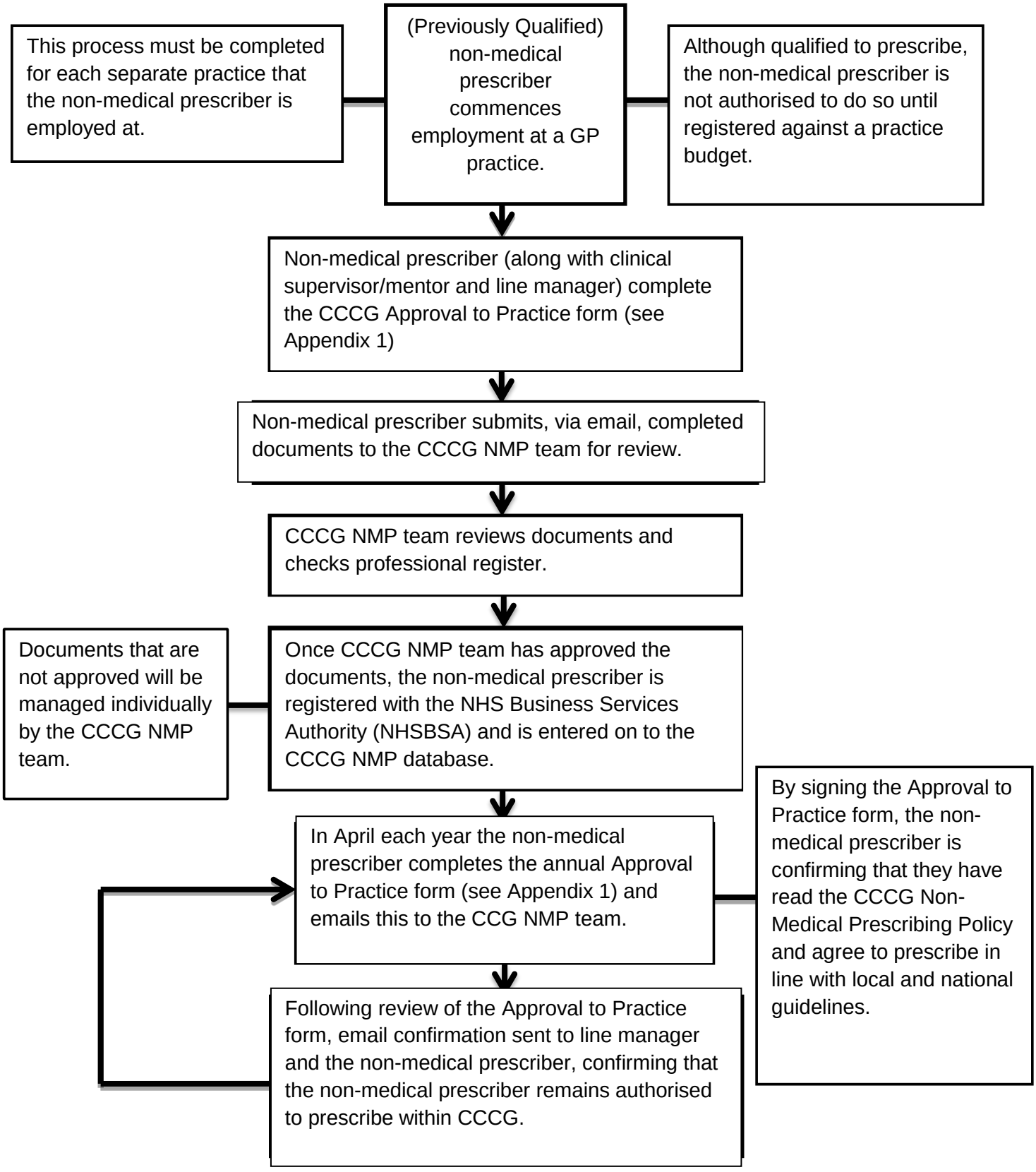
The following process maps apply to non-medical prescribers who are employed by GP practices within CCCG.



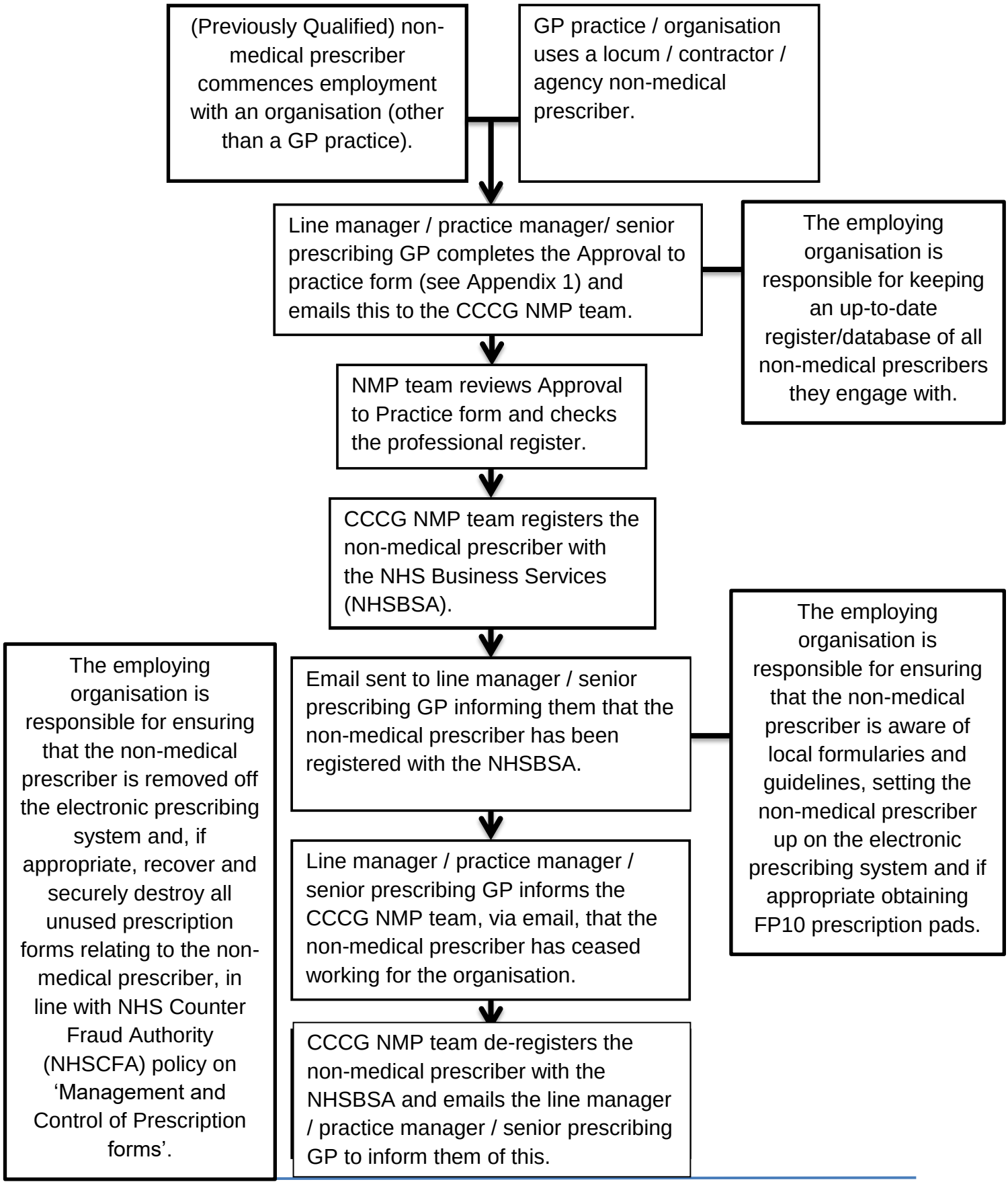
After the final reminder email, any additional actions required will be managed on an individual basis by the appropriate teams in CCCG.

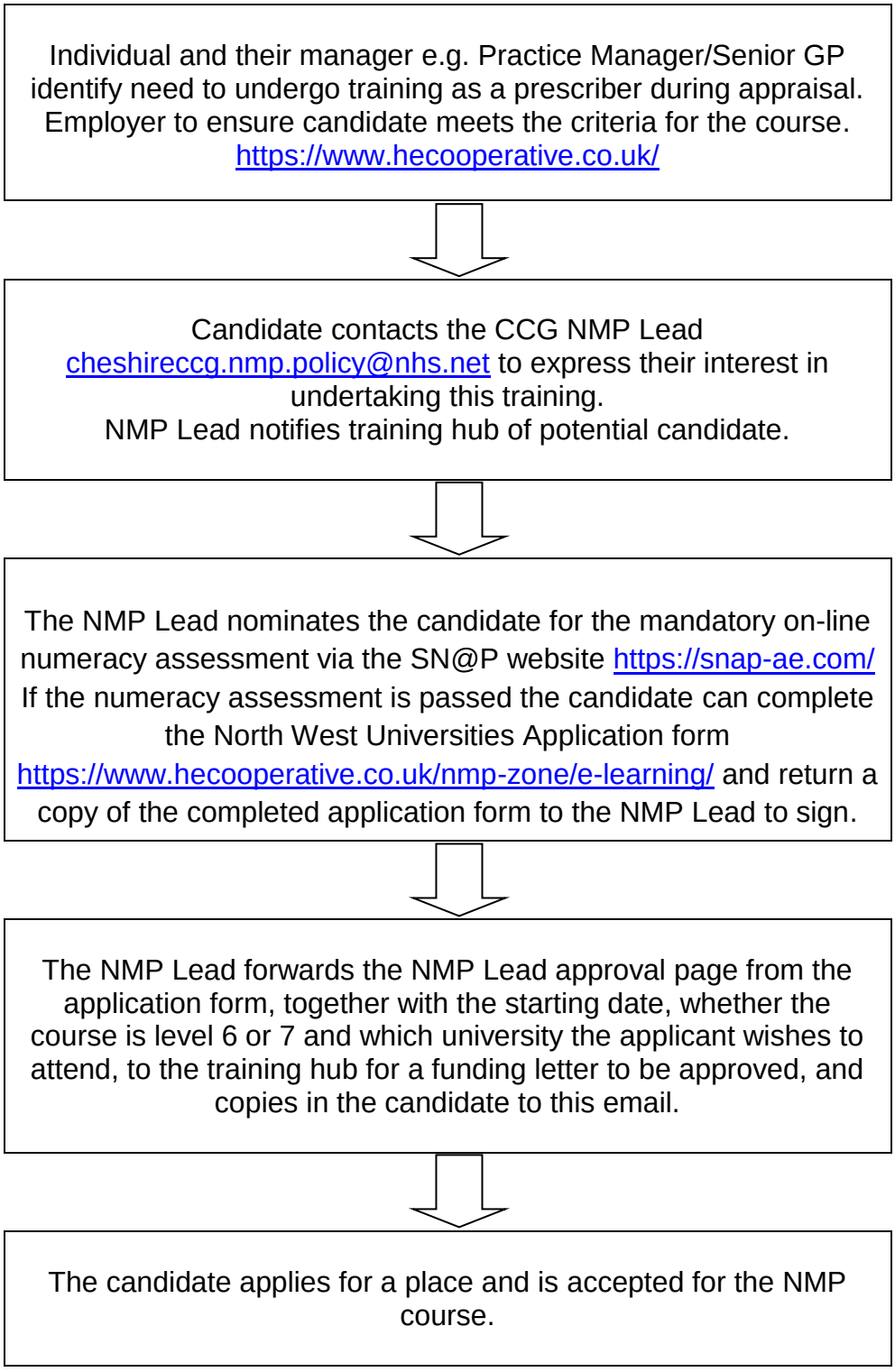
Appendix 10: Suggested governance process for Non-Medical Prescribing

This process map only applies to non-medical prescribers employed by a GP practice within Cheshire



Appendix 11: Suggested governance process for other organisations/ locums/contractors/agency non-medical prescribers



Appendix 12 - Process for applying to Non-Medical Prescribing course

Please note the CCG Non-Medical Prescribing Lead can only authorise candidates who are applying for a NHS-funded place on the non-medical prescribing course directly with the university.