Medicines Policy Part 6: Non-Medical Prescribing

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3	November 2014	V3 Scheduled review CRB changed to DBS, BNFs supplied on an annual basis
4	April 2018	V4 Scheduled Review Funding route change, addition of reference regarding safe storage of prescriptions, Change to quantity prescribed for CD's, change to appendices to reflect staffing change, addition of podiatrists and physio and prescribing restrictions, GSL restrictions, update of references (removal of archived documents), amendment to prescription ordering flowchart.
5	August 2020	Removal of the use of DMP Addition of DPP and mentor Clarity added to pathways to ensure NMP contacted Reformat of prescription destruction form References updated ePACT changed to ePACT2
6	April 2024	Additional explanations of the different types of NMP Principles that underpin non-medical prescribing NMP Lead responsibilities updated NMP responsibilities updated Security and Safe Handling of Prescription Pads link updated Clinical Governance in Prescribing section added Prescription writing advice section expanded

		New section on remote prescribing and reference to Meds Policy 1. Repeat prescribing updated to include allowance for continence and wound care. Controlled drug section expanded Useful websites and references section added Website links updated where appropriate Order of appendices changed to improve flow Appendix 1 – Process for qualification - minor updates Appendix 2 – Formatting changes Appendix 4 – Previously 'Items which may be prescribed by different categories of NMP has been removed Appendix 3 - Process post qualification - updated Appendix 5 - New Intention to Prescribe Scope of Practice & Formulary document added and NMP details form removed Appendix 6 – New Scope of Practice & Formulary Review Document added Appendix 7 – FP10 Ordering flowchart updated Appendix 8 - New 'Golden Rules for FP10s' document added Appendix 9 - FP10 Destruction Form updated Appendix 11 - GP notification form added

Medicines Policy
Part 6: Non-Medical Prescribing

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1. Introduction

1.1 This document applies to all prescribing activity carried out by non-medical prescribers employed by NHS Shropshire Community Health NHS Trust and providing NHS services.

1.2 Abbreviations used:

AHP	Allied Health Professional
CPD	Continuing Professional Development
CMP	Clinical Management Plan
CPNP	Community Practitioner Nurse Prescriber
DBS	Disclosure and Barring service
DPP	Designated Prescribing Practitioner
IP	Independent Prescriber
MHRA	Medicines and Healthcare Products Regulatory Agency
NHS	National Health Service
NHSBSA	National Health Service Business Services Authority
NMC	Nursing and Midwifery Council
NMP	Non-Medical Prescriber
PPA	Prescription Pricing Authority
SCHT	Shropshire Community Health NHS Trust
SoP	Scope of Practice
SP	Supplementary Prescriber

1.3 There are a number of options for prescribing or supplying medicines to patients by non-medical health professionals. Non-Medical prescribing has its basis in the recommendations of the "Review of Prescribing, Supply and Administration of Medicines", (Crown Report 1998), which recommended that two types of prescribers should be recognised:

1.3.1 **The independent prescriber**: responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing if this falls within their scope of practice.

1.3.2 **The supplementary prescriber**: is a practitioner who prescribes within an agreed patient specific clinical management plan (CMP), agreed in partnership by a supplementary prescriber with a doctor or dentist.

1.4 Non-Medical Prescribing has been implemented nationally in a step wise manner following the introduction of nurse prescribing for district nurses and health visitors in 1998. The scope of prescribing practice will be determined by the accreditation achieved by the health professional and the annotation on the professional register. Examples are given below:

1.4.1 **The V100 Community Practitioner Nurse Prescribers** can prescribe from a limited formulary, known as the 'Nurse Prescribers Formulary for Community Practitioners' which is presented as a section within the British National Formulary (BNF). The community nurse prescriber V150 can also prescribe from this limited formulary known as the 'Nurse Prescribers Formulary for Community Practitioners.

1.4.2 **Independent Prescribers with V300 accreditation** can prescribe medicines for any medical condition, including controlled drugs by some health professionals, within their competency (see Who can prescribe what? - Community Pharmacy England (cpe.org.uk) for full list).

2. Purpose

2.1 This policy has been developed to ensure that all prescribing by all Non-Medical Prescribers is managed and governed robustly and is used as the framework within which non-medical prescribing is implemented. The purpose is therefore to:

- Set out the principles on which non-medical prescribing is based.
- Ensure that the changes benefit patient care and access to appropriate medicines.
- Ensure that all professional and statutory obligations are met and all non-medical prescribers are appropriately qualified for their role; working within the national and local policies and within their scope of competency.
- Present a documentation format for non-medical prescribing which includes a clinical management plan (CMP) for supplementary prescribing (Appendix 10).
- Set out an accountability framework.
- Ensure that all non-medical prescribers (NMP) are supported in their role and access continuing professional development (CPD).
- Ensure that NMPs have clear instruction on the security of FP10 prescription forms and what to do if they are lost or stolen, or if the practitioner leaves the prescribing role or the organisation.

2.2 The principles that underpin non-medical prescribing are:

- Improve patient care without compromising patient safety.
- Make it easier for patients to get the medicines they need.
- Increase patient choice in accessing medicines.
- Make better use of the skills of health professionals.
- Contribute to the introduction of more flexible teams working within GP practices or commissioned services.

2.3 This policy applies to those healthcare professionals in accordance with their registration with their professional bodies, job descriptions and KSF outlines who have gained the necessary qualifications in order to undertake prescribing as part of their role.

2.4 Independent Prescribers with a V300 qualification should be at band 6 level or above, with at least one year's experience of working within the field of their speciality.

2.5 For nurses with a V100, V150 qualification band 5 level or above is acceptable, with at least one year's experience working in their field of speciality. All professions named within the legislation who can prescribe, whether they are community practitioner nurse prescribers (CPNP), supplementary prescribers (SP) or independent prescribers (IP) are referred to generically as Non-Medical Prescribers (NMPs).

3. Definitions

ePACT2	Data showing the various parameters e.g. number of items, cost, etc. for dispensed FP10 prescriptions.
NMP	A practitioner who has gained a prescribing qualification that is registerable on their professional register.
PPA	Prescription Pricing Authority (National database of prescribers).

4. Duties and Responsibilities

4.1 The Non-Medical Prescribing Lead or approved deputy is responsible for:

- Signing off the application for the training and development of an NMP.

- Checking the registration and qualifications of the NMP and their competency to prescribe, before signing the Scope of Practice document.
- Links to the Higher Education Institutions (HEIs) providing the programmes.
- Cascading information from the Department of Health (DoH) about changes relating to NMPs.
- Monitoring prescribing and liaising with line managers.
- Assisting the NMP to access CPD to enable them to maintain their competencies in prescribing.
- Ensuring that there is an up-to-date database and NMP Policy with the support of the Medicines Management Team Administrator.
- Monitoring prescribing and liaising with line managers (with support of Medicines Management Team and escalating Chief Pharmacist where appropriate).
- Registering the NMP with the NHSBSA as a prescriber for the Trust with the support of the Medicines Management Team Administrator.
- Deregistering the NMP as a prescriber with the NHSBSA, when they leave the Trust or cease to be a prescriber.

4.2 The Chief Pharmacist should have oversight of:

- An up-to-date NMP Policy.
- An up-to-date database of prescribers.
- NMP prescribing via the NMP Lead.
- Act as a member of the panel for NMP sign off and revalidation.
- Facilitating the ordering of further supplies of prescription pads and ensuring their secure storage.

4.3 The Line Manager (usually clinical manager) is responsible for:

- Liaison with the NMP Lead.
- The selection of the candidates for the NMP course.
- Advising the NMP Lead of starters and leavers to enable the database to be accurate.
- Ensuring that the NMP has a personal development plan.
- Ensure that the DBS check is updated at the required intervals where appropriate.
- Ensuring that the role of prescriber is acknowledged in the Job description.
- Record keeping and witnessed destruction (shredding) of remaining prescription pads when an NMP leaves the organisation.
- Ensuring that prescribing is linked to local formularies and is cost effective.
- Ensuring that the NMP has accessed appropriate CPD opportunities.
- Monitoring CPD portfolios.
- Ensuring that at annual appraisal, the “Scope of Practice” document is updated and signed by the Line Manager to indicate the intention to continue to prescribe, and that this document is forwarded to the NMP Lead. ePACT2 data can be supplied to the Line manager on request to facilitate the discussion.

4.4 **The Non-Medical Prescriber’s responsibility is to:**

- Ensure their prescribing qualification appears on the practice register of their professional body.
- Ensure that they provide appropriate, evidence based, safe and cost-effective prescribing to their patients at all times, referring to the Shropshire net Formulary (shropshireandtelfordformulary.nhs.uk).
- Adhere to their professional code of conduct.
- Act only within the boundaries of their knowledge and competence.
- Ensure that patients are made aware of the scope and limits of non-medical prescribing and to ensure that patients are made aware of their rights (they have the right to refuse treatment / prescribing).
- Justify any action or decision not to act, taking in the course of their professional practice.
- Ensure that they remain up to date on therapeutics in their field of prescribing practice and on changes to national or local prescribing policy.
- Provide evidence of CPD in the field of their prescribing practice to their manager at the annual appraisal or to the NMP Lead when requested.

- Regularly review their “Scope of Practice and Personal Formulary” document and submit amendments to their clinical manager and the NMP Lead. An updated “Scope of Practice and Personal Formulary Review” document will be required every 2 years (appendix 6), even if there are no changes to the scope of practice, and this needs to be emailed to the NMP Lead at shropcom.nmp@nhs.net.
- Inform the NMP Lead immediately if their contact details change or if there are any changes to their role within the Trust.
- Respond to requests for information from the NMP Lead in a timely manner.
- Ensure that their FP10 prescriptions are safely stored and every prescription is accounted for.
- Keep accurate, legible, unambiguous and contemporaneous records of patient care.
- Familiarise themselves with any medicines management updates, including drug safety updates that are added to the Staff Zone.
- Work within the guidance set out in the NHS Counter Fraud Authority ‘Management and control of prescription forms’.
- Work within the guidance set out by the Royal Pharmaceutical Society ‘A Competency Framework for all Prescribers’.
- Prior to leaving the organisation, surrender any prescription forms (FP10) to the clinical manager for documented destruction and inform the NMP Lead.
- Attend a minimum of four non-medical prescribing forums per year.

5. Accountability and Professional Indemnity

5.1 Each qualified NMP is individually and professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this responsibility to any other person.

5.2 Each NMP must regularly review their own prescribing practice.

5.3 Each NMP is expected to always work within the standards and code of professional conduct as set out by their own professional body as well as policies and guidelines ratified by Shropshire Community Health NHS Trust.

5.4 Each NMP must be able to recognise and deal with pressures that might result in inappropriate prescribing, e.g., repeat prescribing where a drug may not be within their scope of competency.

5.5 All prescribers must ensure that they are aware of the procedure for acquiring adequate professional indemnity insurance.

6. Liability of Employer

6.1 Shropshire Community Health NHS Trust will hold vicarious liability for NMPs where the following criteria are met:

- The NMP is currently registered as a prescriber with their professional body.
- The role of NMP is approved by the line manager and that there is a clear statement in the individual’s job description that prescribing is required as part of the duties of that post or service.
- The NMP must be registered with Shropshire Community Health NHS Trust and be listed on the NMP database.
- The NMP must work within the legal framework of the role, and the regulatory framework of their professional body.

7. Application Process and Training

7.1 There are several different levels of qualification to non-medical prescribing. Some practitioners on specialist practice courses will obtain the qualification as part of the course. The training is funded from NHS England or through other adhoc funds. Applications for all NMP training must be agreed with the practitioner’s line manager and identified in the Personal Development Plan.

7.2 The NMP Lead must be involved in the application process from the beginning, ensure an expression of interest is sent by email to the NMP Lead:

- Community Practitioner Nurse Prescriber
  This includes the V100 and V150 qualifications where the NMP is able to prescribe from the Community Practitioner Formulary.

- Independent Prescribing (V300) (Appendix 1)
  Students may study at degree standard, or at Masters Level. Prospective students are encouraged to consult the University websites for full information on the content of the courses. Registered pharmacists, optometrists, nurses, physiotherapists, paramedics and podiatrists, and therapeutic radiographers may study to Independent Prescriber level.

- Supplementary Prescribing
  Dieticians may study to Supplementary Prescriber level.

7.3 Each student intending to study the V300 / IP Qualification needs to enlist a DPP (the mentor) who is an experienced prescribing practitioner that meets a series of experiential requirements from their own field of practice who will act as a supervisor and assessor as laid out by the Royal Pharmaceutical Society: DPP Competency Framework.

7.4 The DPP will be responsible for assessing whether the learning outcomes have been met and whether the trainee has demonstrated the required competencies. These outcomes and competencies will be identified by the university running individual courses.[1]

7.5 The student NMP will be expected to have agreed with their line or clinical manager that the course will be of benefit to the service and the organisation. Subsequently the student will be invited to attend a short interview with the NMP Lead to determine whether the eligibility criteria for the training are met.

7.6 Prior to the interview, the candidate will be expected to be proficient in numeracy and drug calculations. Information on the standard required is available from the NMP Lead. During the interview the prospective candidate will be required to show competency in drug calculations.

7.7 If the student's application is supported, the appropriate application form(s) will be completed and submitted.

8. Post Qualification and process for new staff with a prescribing qualification

8.1 A non-medical prescriber may not prescribe until all of the following minimum requirements have been fulfilled:

- They have successfully completed an accredited NMP programme.
- Their professional register has been annotated with their qualification (it is the responsibility of the prescriber to complete the formal processes for their own professional body including payment of the required fees).
- They have fulfilled the criteria set by SCHT by submission of a scope of practice and personal prescribing formulary, declaration to the NMP Lead, acknowledgement of the NMP Policy, and the PPA publication on the security of FP10 forms.

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1. https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160

- They have met with the Trust's NMP Lead and then subsequently satisfied the NMP Panel before they are added to the database of NMPs for Shropshire Community Health NHS Trust (SCHT).

8.2 On qualification, if new to the Trust, or if changing roles or contact address, the new NMP must inform the NMP Lead.

8.3 The new NMP must complete the Scope of Practice and Personal Formulary document (Appendix 5) and submit it to their clinical manager who must sign it before forwarding a copy to the NMP Lead. Delays in submitting the Scope of Practice document will lead to a delay in authorisation to prescribe and receiving their prescription pads. The practitioner's signature on this declaration will be used as a "specimen" signature in case of query on the validity of prescriptions.

8.4 Prescribing also includes prescribing on SCHT medicine charts, prescribing on CD TTO forms and prescribing within SystmOne – this still requires the new NMP to be added to the database and a meeting with the Trust's NMP Lead.

8.5 The NMP Lead will then instruct the Medicines Management Team Administrator to register the NMP with the NHSBSA in order that they may be registered to receive prescription pads when required.

8.6 Replacement supplies of prescription pads are ordered by the Medicines Management Team Administrator and facilitated by locally appointed administrators, taking into account the security issues as per the guidance[2] and the Standard Operating Procedure.

9. Maintaining the Non-medical prescriber register

9.1 The NMP database will contain the following information:

- Name
- Profession and professional registration number
- Base and contact details
- Qualification e.g. IP, SP or CPNP and V100, V150 or V300.
- Date prescribing commences
- Date prescribing ceases or NMP leaves the Trust (see section 12)
- When scope of practice needs updating

10. Preceptorship

10.1 Following qualification, to ensure highest standards of practice, there may be a period of preceptorship. The length of this will be agreed between the NMP and their clinical manager.

11. Competencies for Non-medical prescribers

11.1 Royal Pharmaceutical Society competency framework for all prescribers: prescribing-competency-framework.pdf (rpharms.com)

11.2 The new NMP must be declared competent to practice within their declared scope of practice by the clinical manager on an annual basis.

11.3 Non-medical prescribing is an extended role and the organisation reserves the right to withdraw authorisation to prescribe in response to concerns to any aspect of professional capability, until that capability issue is resolved.

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2. NHS Counter Fraud Authority Management and control of prescription forms – A guide for prescribers and health organisations.

12. Action to be taken when a NMP leaves Shropshire Community Health NHS Trust or ceases prescribing:

12.1 The clinical or line manager must inform the NMP Lead of the date of termination of employment or reason prescribing practice has ceased as soon as this is known, to enable timely retrieval and destruction of remaining FP10 prescription pads and de-registration of the practitioner from the national registers (see Appendix 9 - Form MM 007 - Record of destruction of Prescription Forms (FP10) for information on the Trust process of destroying FP10s).
Those prescriptions pads that are stored at SCHT main site will be returned to the Medicines Management Team Administrator for destruction. Those prescription pads that are stored at other SCHT sites will follow the following process;

- Remaining FP10 prescription forms must be returned to the clinical manager.
- Serial numbers will be noted (Appendix 9) and the FP10 forms shredded. This declaration will be signed by the NMP and the witnessing manager. The documentation must be returned to the NMP Lead and a copy kept in the personnel file of the practitioner.
- The NMP Lead will be informed as soon as the resignation is submitted in order that the database may be amended and remaining FP10 forms retrieved and securely destroyed.
- The NMP Lead will inform the NHSBSA so that the practitioner can be de-registered.

13. Supplementary Prescribing

13.1 Supplementary prescribing is not suitable for emergency, acute or urgent prescribing situations because an agreed Clinical Management Plan must be in place before prescribing can begin.

13.2 The patient is treated as a partner in their care and is involved at all stages in decision making, including whether care is delivered by supplementary prescribing. This consent must be recorded explicitly in the patient notes.

13.3 Supplementary prescribing can only take place after assessment and diagnosis by the doctor (or dentist).

13.4 The doctor (or dentist) takes responsibility for the initial clinical assessment, and the regular review of the clinical management plan for the individual patient.

13.5 The Supplementary Prescriber takes responsibility for the management of the patient and may change the prescription according to the clinical management plan.

13.6 The person who signs the prescription is accountable for that treatment.

13.7 The Supplementary Prescriber must refer the patient back to the responsible doctor (or dentist) for specified reviews, when agreed reviews have not been completed, if the patient's condition deteriorates or if the patient's condition exceeds the prescriber's level of competence.

14. Independent Prescribing

14.1 Independent prescribers may prescribe any licensed medicine for any medical condition, with certain exceptions for controlled drugs. Independent pharmacist prescribers and independent nurse prescribers may prescribe, administer and give directions for the administration of schedule 2, 3, 4 and 5 controlled drugs (see section 26 controlled drugs).

14.2 The person who signs the prescription is clinically and legally accountable for that treatment, regardless of whether the patient has been prescribed that treatment previously by another practitioner.

14.3 The independent prescriber must only prescribe within their scope of competency. It is not acceptable to provide general repeat prescriptions for patients (see 22.0).

15. Suspension of Prescribing Privileges

15.1 If an NMP faces disciplinary action or fails to prescribe for a period of 12 months or more (as reported by ePACT2 data), or the NMP Lead is not in receipt of a Scope of Practice declaration signed by the practitioner and the clinical manager within the previous 2 years, it is possible that their prescribing privileges will be revoked. This will entail return of all prescription forms to the NMP Lead and removal from the Prescription Pricing Authority database.

16. NMP's Returning to Practice or who have not prescribed for 12 months or longer.

16.1 NMP's who have not prescribed in the last 12 months will need to consider any actions they should take to ensure they are able to safely return to prescribing practice. This could include the following actions:

i. Review and update scope and provide reasons for having no recent prescribing experience – this could lead to a discussion with the NMP Lead to ensure the NMP is supported with their return to practice.
ii. Shadow a peer for an agreed length of time
iii. Attend NMP forums to update their knowledge and remain up to date with changes and regulations.
iv. Reinstate regular supervision sessions with an experienced prescriber.

17. NMP's Changing Speciality or Extending Scope of Practice

17.1 NMPs are legally accountable for their practice and must not prescribe outside their scope of competence and knowledge. If changing speciality or extending their scope of practice, it is recommended that the NMP evaluates their prescribing practice with their clinical manager prior. A new scope of practice and personal prescribing formulary should be sent to the NMP Lead for panel review. The NMP Lead will then inform the NMP of the outcome of this discussion.

17.2 It is the responsibility of the new line manager to ensure that prescribing is included as part of the NMP's job description. This new job description should be shared with the NMP lead prior to approving the new scope of practice and personal formulary document.

17.3 If an NMP wishes to add a new medication to their personal formulary to treat a condition that is already in their approved scope of practice (e.g., diabetes specialist nurse requires new diabetes drug to be added), the NMP should amend their personal formulary document and return to the NMP Lead for approval.

18. Security and Safe Handling of Prescription Pads

18.1 Prescription pads must be stored in a locked cabinet when not in active use. Staff are responsible for keeping prescription pads secure at all times as stated by the NHS Counter Fraud Authority Management of prescription forms.

18.2 Loss of a prescription pad or forms must be reported immediately to the Line Manager and to the NMP Lead. The NMP must report the incident using the Shropshire Community Health NHS Trust Incident Reporting Policy 11802.pdf (shropcom.nhs.uk).

18.3 The NMP Lead will investigate all possible causes of the missing prescription. If no cause is identified, the NMP Lead will inform the Police and the lead Local Counter Fraud Specialist when there is any loss of prescription forms.

19. Clinical Governance in prescribing

19.1 Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their service and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

19.2 Employers have a duty to ensure that those training to prescribe are supported through their training programme.

19.3 For any safeguarding or child protection concerns, please refer to SCHT policies. This will include issues identified around obtaining consent and the mental capacity act.

19.4 For any patient safety concerns or incidents please report to your line manager in the first instance and refer to the SCHT incident reporting policy and guidelines.

20. Resources

20.1 The British National Formulary (BNF) can be accessed by Supplementary, Independent Prescribers and Community Practitioner Nurse Prescribers electronically at www.bnf.org or via smartphone app stores.

20.2 A variety of other resources can be utilised by the NMP, these include:

- Items which should not be routinely prescribed: https://www.england.nhs.uk/long-read/items-which-should-not-routinely-be-prescribed-in-primary-care-policy-guidance/
- NHS Shropshire, Telford and Wrekin Microguide for Adults: https://viewer.microguide.global/NHS%20STW/ADULT#content,570adaf7-06a0-4e7f-b1e6-bcbb0202e463
- NICE Medicines and Prescribing Centre http://www.nice.org.uk/mpc/
- NICE Clinical Knowledge Summaries: https://cks.nice.org.uk/
- Prodigy (registration required but free to use) http://prodigy.clarity.co.uk/home
- RPS Professional Guidance on the Administration of Medicines in Healthcare Settings https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567
- Shropshire, Telford and Wrekin Prescribing Formulary https://www.shropshireandtelfordformulary.nhs.uk/
- Summary of Product Characteristics – Electronic Medicines Compendium www.medicines.org.uk

21. Prescription Writing

21.1 An independent prescriber can only issue a prescription for a patient whom they have assessed for care and should only write prescriptions on a prescription pad bearing their own unique prescriber number or on an in-patient drug chart.

21.2 A supplementary prescriber can only issue a prescription for a patient who has an agreed clinical management plan and should only write prescriptions on a prescription pad bearing their own unique prescriber number.

21.3 Staff qualified to prescribe should not issue prescriptions on behalf of colleagues.

21.4 Accountability for the prescription rests with the NMP who has issued the prescription.

21.5 Detailed advice on the legal aspects of writing prescriptions (FP10) is available in the current edition of the BNF.

21.6 NMPs must ensure all details on the prescription are clear, legible and written in black ink. Details must include:

- Patient surname
- First name
- Date of birth (Age) – this is a legal requirement for children under 12 years old
- Full address
- Name, form and strength (if appropriate) of prescribed item
- Quantity
- Dosage
- Frequency
- Directions for use
- Signature and date
- Contact telephone number of prescriber – good practice
- Unused space on the prescription must be blocked out with a diagonal line – good practice.

21.7 NMP's are recommended to prescribe generically except where this would not be clinically appropriate (e.g., modified release products, anti-epileptics, insulins, controlled drugs etc.) or where there is no approved generic name. Specialist Pharmacist Service has a guide that can be referred to Example medicines to prescribe by brand name in primary care – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

21.8 Local prescribing formularies that have been approved by Integrated Medicines Optimisation Committee (previously known as Area Prescribing Committee), including antimicrobial formulary must be adhered to. High-cost drugs and newly introduced drugs may also be subject to special arrangements e.g., "Individual Funding requests" or "shared care".

21.9 Prescriptions (FP10) and drug charts must be written clearly (drug name in block capitals) and accurately, only the abbreviations listed in 'Medicines Policy 1 – General Principles' may be used Medicines Policy 1.

21.10 In in-patient facilities where prescribing is via a drug chart, patient specific written directions must be annotated with the prescribing status (NMP).

21.11 When an FP10 is issued, it should bear the details of the prescriber, including a contact telephone number.

21.12 The duration of treatment on one prescription should not exceed 28 days. Prescribe the closest original pack.

21.13 Prescribing decisions must be evidence based. The practitioner will be required to justify non-formulary prescribing decisions.

21.14 Patients given an FP10 for dispensing must not be directed to a specific community pharmacy.

21.15 Blank prescription forms or drug charts must never be pre-signed.

21.16 It is good practice to make a record of the prescription at the time of writing in case of subsequent questions from the dispensing pharmacist or the NMP Lead following analysis of ePACT2 data.

22. Remote Prescribing

22.1 Remote Prescribing is permitted, but not covered within this policy, refer to Medicines Policy Part 1 – General Principals, section 7.6 for further details and the expectations that should be in place to ensure any remote prescribing which takes place is safe.

23. Repeat Prescriptions

23.1 It is not appropriate for an NMP employed by SCHT to issue repeat prescriptions for drugs if a patient has run out of their usual medication unless there is the facility to make contemporaneous records with the GP prescribing system or know whether the GP intends to continue the treatment or not, e.g., staff working directly within a primary care network that usually accesses EMIS in their daily role.

N.B. The following services will routinely prescribe appliances on repeat such as continence or wound care and this is permitted and an exception to the statement in 22.1 as these are commissioned services.

23.2 If the prescriber does not routinely work within a primary care network, then they must refer the patient back to their medical practice unless they have direct access to the patient's GP record e.g., within virtual wards. Alternatively, the patient may be referred to NHS 111 for an emergency supply funded by the NHS or back to their usual community pharmacy where the Pharmacist can consider if an emergency supply is appropriate (private activity therefore chargeable).

23.3 It is not appropriate to prescribe on behalf of a colleague who does not have a prescribing qualification.

24. Prescribing for self, family and friends

24.1 Non-medical prescribers must not prescribe any medicine for themselves or for anyone with whom they have a close personal relationship other than in exceptional circumstances such as; no other person with the legal right to prescribe is available and only then if that treatment is necessary to:

- Save a life.
- Avoid serious deterioration in the patient's health, or
- Alleviate otherwise uncontrollable pain.

24.2 You must be able to justify your actions and must document your relationship and the exceptional circumstances.

25. Unlicensed or off label drugs

25.1 Nurse and pharmacist independent prescribers are allowed to prescribe unlicensed medicines within their competence. When acting as a supplementary prescriber, unlicensed medicines may be prescribed as part of a clinical management plan.

25.2 Supplementary prescribers are accountable and liable when prescribing unlicensed medicines and must be satisfied that an alternative licensed preparation would not meet the patient's clinical need. The unlicensed status of the drug must be recorded in the clinical management plan, and the patient must be fully informed and must have provided consent.

25.3 Community Practitioner Nurse Prescribers may not prescribe medicines off-label with the sole exception of Nystatin for neonates where the prescriber is absolutely clear of the diagnosis of oral thrush Who can prescribe what? - Community Pharmacy England (cpe.org.uk).

25.4 Independent prescribers may prescribe medicines for uses outside their licence (off label), but will accept clinical, legal and professional responsibility for doing so. The prescriber must ensure that:

- There is sufficient evidence base to demonstrate safety and efficacy.
- There is not a suitable licensed product available.
- It is accepted clinical practice within NHS Shropshire Community Health NHS Trust e.g. accepted onto formulary.
- The patient has given consent.
- The reason for the off-label use is documented in the patient's notes.

26. Mixing of medicines

26.1 It is common practice for healthcare professionals to mix one or more medicines together before administration to a patient. This is permissible under medicines legislation where one product is a vehicle for the administration of another. However, mixing two licensed medicines where one is not a vehicle for the administration of the other, results in a new, unlicensed product being produced: https://assets.publishing.service.gov.uk/media/5a7c7f92ed915d48c241025e/dh_116360.pdf

26.2 The legislation allows nurse, midwife and pharmacist Independent Prescribers to mix medicines themselves and direct others to mix for the purpose of administration to an individual patient. These changes also relate to Supplementary Prescribers provided the mixing of medicines is included in the Clinical Management Plan relating to the treatment of an individual patient.

26.3 Guidance from the Royal Pharmaceutical Society states: “The mixing of drugs should be avoided unless essential to meet the needs of the patient, and that those involved in both the prescribing and actual mixing should be competent to do so and take full professional and clinical responsibility for their actions”.

26.4 The legislation allows a person acting in accordance with the written directions of a pharmacist independent prescriber, nurse independent prescribers, doctor, dentist, or supplementary prescriber (working in accordance with a clinical management plan), to compound schedule 2, 3, 4 or 5 controlled drugs.

26.5 The MHRA has already issued a statement advising that it would not consider taking enforcement action against those prescribing and administering mixtures of licensed medicines in clinical practice, unless it would be in the public interest to do. This includes controlled drugs, and the Home Office is aware of the position.

26.6 Existing good practice arrangements should continue on mixing before administration which includes a controlled drug.

27. Controlled drugs

27.1 Independent and Supplementary Prescribers may only prescribe controlled drugs that their NMP and professional qualification allows and has been declared on the scope of practice declaration.

27.2 Neither independent pharmacists nor nurse prescribers will be able to prescribe diamorphine, dipipanone or cocaine for treating addiction but may prescribe these items for treating organic disease or injury.

27.3 Supplementary prescribers: Nurse, pharmacist, chiropodist / podiatrist, physiotherapist, radiographer and optometrist supplementary prescribers can prescribe any schedule 2-5 controlled drugs for any condition within their competence, as part of a patient specific, written clinical management plan (CMP) agreed with a doctor.

27.4 NMP must ensure that all the legal requirements for CD prescribing are met (see BNF).

27.5 For quantities prescribed; prescribers; **must not** exceed 28 day’s supply.

27.6 Non-medical prescribers must be aware of the identity of the Controlled Drug Accountable Officer for Shropshire Community Health NHS Trust (Chief Pharmacist) and be aware of whom to report any errors or discrepancies to in addition to completing an official incident report.

27.7 NMPs must be aware of changes to legislation and maintain up to date knowledge.

27.8 For clarity, NMPs should not both prescribe and administer a controlled drug, except in exceptional circumstances where a second suitably competent individual must check the accuracy of the medicine being administered.

28. Dispensing Responsibility

28.1 Wherever possible, the actions of prescribing, dispensing / supply and administration are performed by separate healthcare professionals. Exceptionally, where clinical circumstances make it necessary and in the interests of the patient, the same healthcare professional can be responsible for the prescribing and supply/administration of medicines. Where this occurs, an audit trail, documents and processes are in place to limit errors.

28.2 The dispensing function must be covered by a standard operating procedure.

28.3 "Secondary dispensing" e.g., putting the drugs into any form of monitored dosage system (MDS) is not permitted.

29. Adverse drug reactions and Drug Interactions

29.1 The NMP must report any medication issues via the Trust's incident reporting procedure (Datix).

29.2 If an NMP suspects that a patient is experiencing or has experienced an adverse drug reaction to one or more medicines, the NMP will inform the clinician responsible for the patient's continuing care.

29.3 Any adverse drug reactions will be documented in the patient's notes, and in addition, for supplementary prescribers in the clinical management plan.

29.4 Particular attention must be given to suspected drug reactions to newly licensed medicines which are under intense surveillance (denoted as black triangle ▼).

29.5 The NMP will evaluate a suspected adverse drug reaction to established drugs and if deemed serious e.g. life threatening, fatal, disabling, incapacitating or requiring hospitalisation, a yellow reporting form will be submitted to the MHRA. Yellow reporting forms are available electronically at www.mhra.gov.uk.

30. Documentation and record keeping

30.1 All healthcare professionals are required to keep accurate, legible unambiguous and contemporaneous records of patient care.

30.2 All prescribing must be done using an approved prescription chart (in-patient facilities), approved electronic system or FP10.

30.3 The patient notes must be completed at the time of the consultation, and must include details of the prescription such as:

- The date and time of the prescription.
- The name of the prescriber and their qualification to prescribe.
- The name, strength, form and quantity prescribed, the dose, frequency and duration of treatment.
- For dressings, the details of how they should be applied and the frequency of change.

30.4 The patient's GP or doctor in charge must be made aware of the prescription within 48 hours in order that surgery records may be updated / amended. (Appendix 11).

31. Clinical Effectiveness

31.1 Shropshire Community Health NHS Trust aims to monitor clinical effectiveness in prescribing by undertaking regular audits of prescribing. These audits will be completed by the NMP Lead and a member of the Medicines Management Team to review the previous years' worth of data related to specified subjects. Results from this data will then be discussed and shared at the NMP forum for

sharing of learning. An update should also be provided to Trust SDG meetings. The review of data should include the below:

- Compliance with scope of practice as evidenced by ePACT2 data.
- Adherence to formulary e.g. wound care, antibiotics, high cost drugs.

32. Pharmaceutical Industry

32.1 All NMPs must adhere to the Commercial Sponsorship and Joint Working with the Pharmaceutical Industry policy (20230621-Commercial-Sponsorship-and-Joint-Working-with-the-Pharmaceutical-Industry-Policy-V2-002.pdf (shropshiretelfordandwrekin.nhs.uk) on working with, or accepting sponsorship from, the Pharmaceutical Industry.

33. Useful contact details

NMP Lead Medicines Management Shropshire Community Health NHS Trust Ground Floor, Mount McKinley House Anchorage Avenue Shrewsbury Business Park Shrewsbury, SY2 6FG	Tel 01743 277677 Email: shropcom.nmp@nhs.net

34. Useful Websites and References

- Training for non-medical prescribers - NHS Health Education England: https://www.hee.nhs.uk/our-work/medicines-optimisation/training-non-medical-prescribers

- Non- medical prescribing by allied health professionals - NHS England: https://www.england.nhs.uk/ahp/med-project/

Specialist Pharmacy Service – Legal mechanisms to supply and administer medicines to individuals: Legal mechanisms to supply and administer medicines to individuals – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

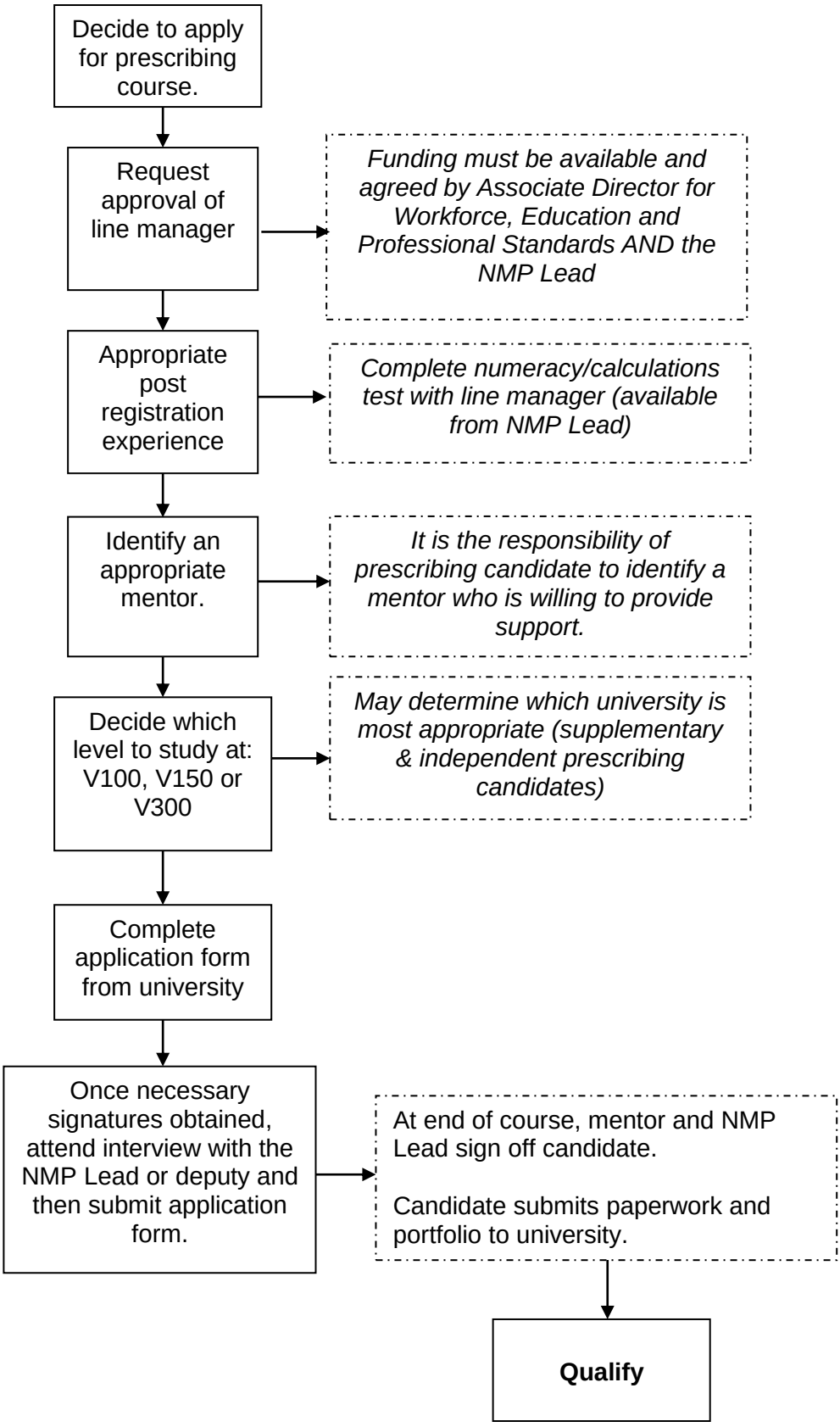
Prescribing: maintaining competence and confidence- A CPPE guide for prescribers: https://www.cppe.ac.uk/wizard/files/tasters/prescribe-g-02_taster.pdf

- Standards of proficiency for nurse and midwife prescribers: https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-proficiency-nurse-and-midwife-prescribers.pdf

- Pharmacist Independent Prescriber education and training - General Pharmaceutical Council: https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber

- The DoH guidance , Improve patients' access to medicines –A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England (gateway ref: 6429)(April 2006): https://www.cff.org.br/userfiles/file/Prescri%c3%a7%c3%a3o/55%20-%20DEPARTMENT%20OF%20HEALTH%20A%20Guide%20to%20Implementind%20Nurse%20and%20Pharmacist%20Independent%20Prescribing%20within%20the%20NHS%20in%20England_2006.pdf

35. Appendix 1 - Process for Qualification as a NMP when applying for a standalone module



36. Appendix 2 - Pre-course Information Checklist (Eligibility Criteria) For Entry onto the Non-Medical Prescribing Programme

The following Checklist can be used by the Non-Medical Prescribing Lead (or designate) for structuring discussions with potential Non-Medical Prescribing Course candidates.

Aspects for Discussion	Yes/No	Comments
Trust/Organisational requirements		
• Candidate has fulfilled the Organisation requirements for statutory and mandatory training. • Access to email • Need for Non-Medical Prescribing in specialty • Benefits of Non-Medical Prescribing in their role • Costs of Non-Medical Prescribing in the role (e.g. pressure on existing role requirements)		
Clinical manager – confirmation of the following		
• Assessed as competent to take history • Can undertake clinical assessment • Can diagnose in area of speciality • Demonstrates sufficient knowledge to apply principles of prescribing to own area and field of practice • Demonstrates appropriate numeracy skills • Identified in PDP • Has a current DBS check • Completes drug calculation / numeracy test (available from NMP Lead)		
Non-Medical Prescribing Lead informed of Application		
• Informed of intended mentor • Identifies notional prescribing budget and scope of practice • Receives completed drug calculation / numeracy test		
Programme Requirements and Academic Ability		
• Attendance, commitment, punctuality requirements given • Absence from programme notified to Trust • Portfolios, assessment reported to Trust on completion of programme to inform scope of practice • Programme Length, requirement for supervised practice • Programme must be completed in 1 academic year • Demonstrates understanding of framework of supplementary and independent prescribing • Demonstrated level of study • Candidate has the following pre-course information pack: Dates, course outline, pre-course reading, resource list, pre-course briefing date		
Eligibility Requirements DH criteria		
• Post registration experience as stated by university entry criteria • Year preceding course entry in clinical field of prescribing • Has there been a previous application to course (university decision), or a previous failure to complete a NMP course?		
Mentor		
• Mentor identified and engaged • Doctor registered on GMC Register • Other AHP / Nurse/ Pharmacist registered as prescriber on professional register • Mentor meets specific criteria provided • Mentor information given / or attended pre-course briefing date • Learning contract agreed including supervised practice • Buddy system (where in place in Trust) (formal/informal)		

Post Course Requirements		
▪ Registered with appropriate professional body and follows Trust guidelines and policy. ▪ Scope of practice agreed with NMP Lead and review date ▪ Attendance at CPD events/Forum participation ▪ Maintain competencies through use of Trust framework ▪ Ongoing support from registered prescriber ▪ Buddy system (where in place in Trust) (formal/informal)		
Preferred Start Date:		

Mentor:

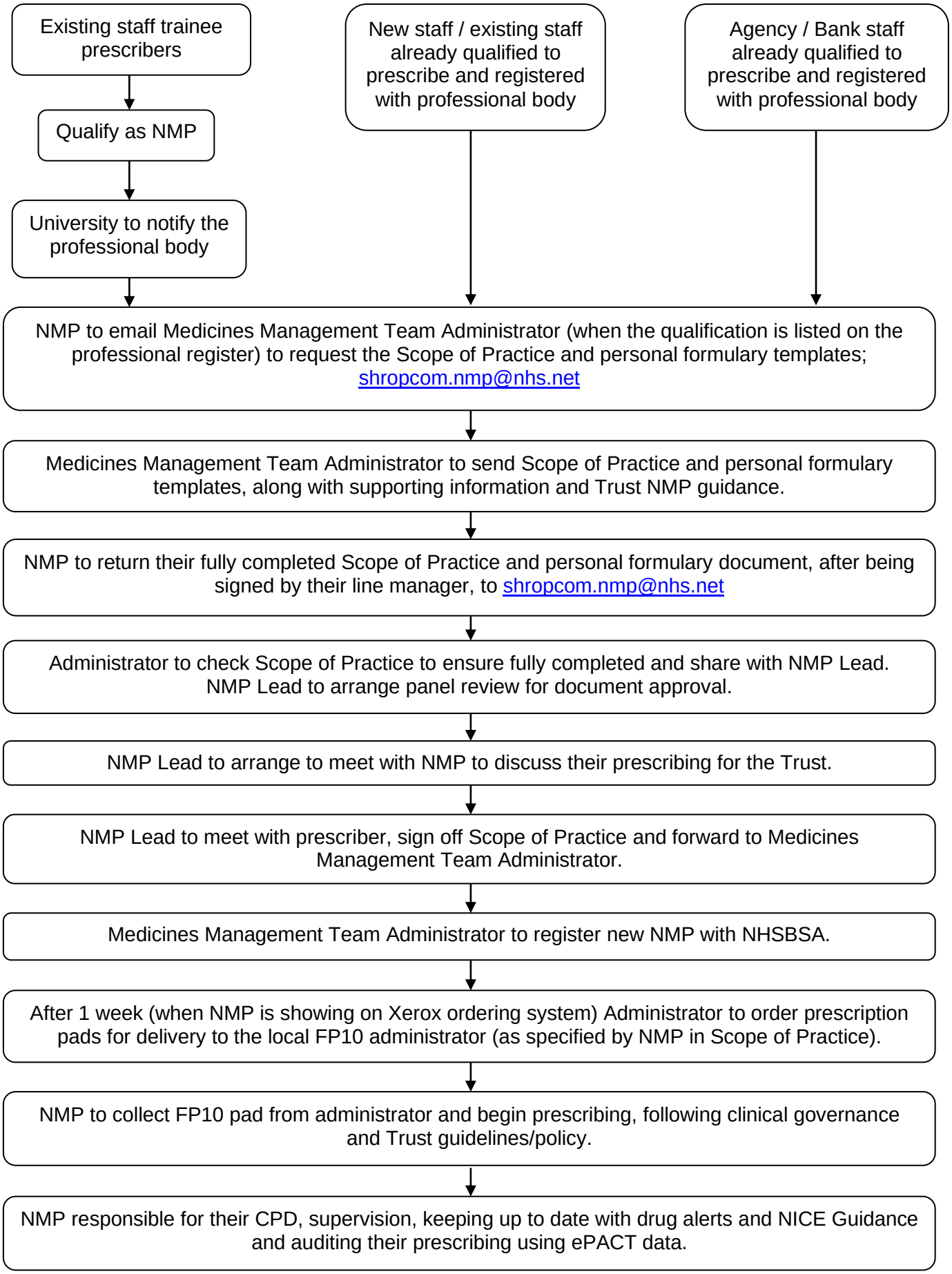
Name	Contact details (Work Telephone Number, e-mail)	Address	Signature

Nominee's Signature	
Print Name	

Manager's Signature	
Print Name	

NMP Lead Signature	
Print Name	
Date	

37. Appendix 3 - Process post qualification as an NMP (non-medical prescriber) to register as Trust prescriber



38. Appendix 4 - Clinical governance framework for non-medical prescribing

Component of clinical governance	SCHT requirement
Clear lines of responsibility or accountability for overall quality of clinical care	Ensure there is an identified non-medical prescribing lead.
	Ensure non-medical prescribing is an agenda item for appropriate professional and corporate meetings.
	Ensure non-medical prescribing is included as an agenda item at Medicines Governance Group meetings.
	Ensure all non-medical prescribers are annotated as prescribers with their professional body and registered with the National Prescribing Centre prior to prescribing.
Clinical effectiveness	Ensure non-medical prescribers are aware of how to access the electronic BNF.
	Ensure all local guidelines reflect current evidence, incorporating national guidelines, e.g. NICE, and are available to non-medical prescribers.
	Ensure clinical effectiveness committee agrees prescribing/clinical effectiveness audits in their annual programme.
	Include non-medical prescribers in the existing monitoring frameworks for prescribers, utilising ePACT2 as part of the process. This should include choice and range of medicines in line with scope of prescribing.
	Ensure non-medical prescribers are informed of all relevant clinical information, e.g. Drug alerts, Hazard warnings.
Workforce planning and development	Ensure succession planning and contingency plans are in place to maintain continuity of services.
	Ensure systems are in place that select appropriate applicants for training meeting the criteria outlined by the Higher Education Institutions and the professional bodies.
	Ensure applicants are assessed for competency and skill in their potential prescribing practice.
	Ensure the area identified for non-medical prescribing benefits the patient and the applicant has a willingness to prescribe once qualified.
	Have in place continuing professional development for non-medical prescribers, identified as part of the individuals' personal development plan.
	Have in place a framework for addressing 'non' prescribing and competency issues.
Managing risk	Non-medical prescribing should be incorporated in all aspects of clinical risk management: patient safety, confidentiality, IT systems, incident reporting, yellow card system for reporting ADRs, complaints and controls assurance programmes.
	Advise all non-medical prescribers to consider taking out personal professional indemnity insurance.
	Ensure records are kept of prescription pad numbers linked to the non-medical prescriber to ensure an audit trail.
	Ensure a system is in place to retrieve prescription pads when staff leave the organisation.

Management systems to support and ensure excellence in prescribing	Ensure the parameters of the non-medical prescriber practice are documented within their individual job description.
	Have in place appraisal processes, and capability programmes to manage poor performance.
	Ensure clinical supervision is available and root cause analysis processes are used to inform the development of prescribing practice.
	Ensure a database is held, listing all non-medical prescribers, a copy of their signature and their prescribing status.
	Ensure employment processes inform the non-medical prescribing lead of leavers, changes in their post/prescribing status and new recruits.
Patient involvement	Ensure patients views are sought and they are involved in service development.
	Patients' experiences of non-medical prescribing are sought in patient surveys of their health services experience.

39. Appendix 5 - Form MM 009 Intention to Prescribe Scope of Practice and Personal Formulary

Intention to Prescribe Scope of Practice and Personal Formulary Document

NHS
Shropshire Community Health
NHS Trust

Section 1 – Applicant Details:			
Date form completed:			
Title (e.g. Mr, Miss, Mrs, Ms)			
First Name(s):			
Surname:			
Prof reg. number / PIN:			
Professional Qualification: (e.g. Nurse, Pharmacist etc.)			
Job Title:			
Department/Team:			
Line Manager's Name:			
Work address (base):			
Team budget code:			
Telephone numbers: (incl. mobile)			
Email address: (please print)			
Prescribing Qualification: (please circle/highlight)	V100	V150	V300
Prescriber status: (please circle/highlight)	CPNP	SP	IP
Please state whether you are: (please circle/highlight)	A newly qualified prospective NMP	New to Shropcom with an existing NMP registration	

Secure address for sending FP10 pads: • Pads will be delivered to the nearest admin area to your work base. • You will be issued with one FP10 pad at a time and the others will be stored at the secure address opposite. • Please select one option from the list.	**Secure address options for FP10s storage:**	✓
	Mount McKinley House, Shrewsbury	
	Halesfield 6, Telford	
	Hollinswood, Telford	
	Oswestry Health Centre	
	Bridgnorth Community Hospital	
	Ludlow Community Hospital	
	Whitchurch Community Hospital	

Contact name for signature on receipt of FP10 pads • Pads will be signed by the nominated admin at the above delivery address. • Please ensure you inform the nominated admin so they know to expect your FP10s.	

Once satisfied that all of the sections on this form are complete, please return via email to the Non-Medical Prescribing Lead: Shropcom.NMP@nhs.net

Section 2 – Scope of Practice (Applicant to Complete)

This scope of practice:

1) Is for Governance purposes and enables monitoring against your prescribing data.
2) Should be used during your appraisal as a tool to plan your development as a prescriber.
3) Enables the clinical line manager to provide assurance to the organisation that the practitioner has attained the necessary competencies (NPC).

Please add more rows to the table below, where necessary:

Speciality / Conditions to be Prescribed For	Evidence of Competence to Prescribe in this Area	Recent CPD Supporting Prescribing in this Area (include dates)	Please State Guidelines or Attach Protocols / Pathway

What plans do you have to audit your prescribing? (You can request prescribing reports from the NMP Lead to aid the monitoring of your prescribing)

Do you receive Clinical Supervision? (If so, please give a brief description)

Have you identified any CPD needs relating to Prescribing? If so, how do you plan to address these needs?

Applicant Name:			
Applicant Signature:		**Date:**	

Applicant to ensure ALL sections above have been completed fully before returning to NMP Lead.

Section 3 - My Personal Prescribing Formulary (Applicant to Complete)					
Name:		**Role:**		**Date:**	

Drug & formulation	Dose	Route	Frequency	Indication	Side effects	Interactions	Mechanism of action

Continue to add/delete rows as necessary…

Applicant Name:			
Applicant Signature:		**Date:**	

Section 4 – Non-Medical Prescribing Sign Off Checklist and Declaration: (Applicant to Complete)		
Evidence of Qualification, Registration, Job Description/Personal Specification	**Yes**	**No**
I confirm that I have undertaken and successfully completed an approved prescribing module at _____(please add name of university).		
I enclose a copy of my Record of Learning and Achievement from the University confirming my award.		
My prescribing qualification has been registered with my regulatory body (e.g. NMC).		
I enclose a copy of my Register Entry with my regulatory body that confirms my recorded qualification.		
My Job Description and Personal Specification have been updated to include non-medical prescribing.		
I enclose a copy of my Job Description and Personal Specification.		
Scope of Practice/Formulary	**Yes**	**No**
I have fully completed the above Scope of Practice and Personal Formulary documentation, which has been reviewed/agreed by my line manager.		
I have no interests to declare within the pharmaceutical industry.		
Maintenance of Registration and Professional Accountability	**Yes**	**No**
I understand that I am professionally accountable for my prescribing decisions, including actions and omissions, in my role as a non-medical prescriber.		
I will prescribe safely, appropriately, concordantly and use evidence-based cost-effective treatments at all times, according to defined national and local policy guidelines and Local Clinical Governance arrangements.		
I will prescribe according to my own level of expertise and competence, in accordance with my approved Scope of Practice/Formulary.		
I will work within the standards and code of professional conduct as set out by my own professional regulatory body, as well as policies and guidelines ratified by the Trust.		
I understand that I am personally responsible for keeping up to date with best practice in the management of conditions for which I may prescribe.		
I will report all incidents or near misses in relation to my prescribing and complete a Datix form as per the Trust's policy.		
I understand that to remain on the Trust NMP Register I must meet the Trust's Clinical Supervision and Audit Standards for NMPs and keep a portfolio of evidence of my continuing professional development (CPD).		
I understand that I must submit an annual NMP Declaration of Competence to the NMP Lead affirming my competence to prescribe.		
I will notify the NMP Lead of any changes to my personal details, change of work base, work contact number, email address, line manager, clinical supervisor or professional registration number, or when I cease to be employed by the Trust.		
I will return all unused FP10s and copies of my completed FP10 allocation logs to my line manager or the NMP Lead before I leave the Trust or if I cease to prescribe.		
I will supply copies of my completed FP10 allocation logs to the administrator when I collect each new FP10 pad.		
I will retain the original FP10 allocation logs for at least 2 years from the date that I issue the last prescription.		
I understand that failure to comply with the above may result in the Trust removing authority for me to continue in a non-medical prescribing role.		
I will review my scope of practice and personal formulary during my yearly appraisal using the 'Scope of Practice and Personal Formulary Review Document' and return to the NMP Lead for approval and sign off. (If no changes are required then I agree to renew my scope of practice and prescribing formulary every two years as a minimum and send the updated form to the NMP Lead.)		

Applicant Name:			
Applicant Signature:		**Date:**	

Section 5 - Approval and Sign-Off Sheet

Approved by Clinical Line Manager	
I confirm that:	**Please Tick**
• I have discussed the above Scope of Practice (Section 2) and Personal Formulary (Section 3) with the practitioner and am satisfied that they have attained the necessary competencies (National Prescribing Centre).	
• The applicant's job description and person specification have been updated to include non-medical prescribing.	
• I am satisfied that the applicant has read and understood the latest version of the Non-Medical Prescriber Policy (intranet).	
• The practitioner understands the requirements for security of FP10 prescriptions.	
• I have received evidence of the applicant's CPD.	

Line Manager Name:			
Signature:		**Date:**	
Agreed Next Review Date: (maximum 2 years)			

Please leave the below section blank for Panel Sign Off:

Panel Approval and Sign Off:	**Yes**	**No**
The applicant's Scope of Practice (*Section 2*) is accurate and up to date		
The applicant's personal formulary (*Section 3*) is accurate and up to date		

Approved by panel:					
NMP Lead:		**Signature:**		**Date:**	
Pharmacist:		**Signature:**		**Date:**	

40. Appendix 6 – Scope of Practice & Personal Formulary Review Document (for existing NMPs to review their scope & formulary)

Scope of Practice and Personal Formulary Review Document

NHS Shropshire Community Health NHS Trust

Section 1 – Non-Medical Prescriber Details: (NMP to Complete)			
Date form completed:			
Title (e.g. Mr, Miss, Mrs, Ms)			
First Name(s):			
Surname:			
Prof reg. number / PIN:			
Professional Qualification: (e.g. Nurse, Pharmacist etc.)			
Job Title:			
Department/Team:			
Line Manager's Name:			
Work address (base):			
Email address:			
Telephone numbers: (incl. mobile)			
Team budget code:			
Have you changed team / base in the last 2 years?: (please circle/highlight**)**	Yes	No	
	If yes; please state PREVIOUS base:		
Prescribing Qualification: (please circle/highlight)	V100	V150	V300
Prescriber status: (please circle/highlight)	CPNP	SP	IP

Secure address for sending FP10 pads:	**Secure address options for FP10s storage:**	✓
• Pads will be delivered to the nearest admin area to your work base. • You will be issued with one FP10 pad at a time and the others will be stored at the secure address opposite. • Please select one option from the list.	Mount McKinley House, Shrewsbury	
	Halesfield 6, Telford	
	Hollinswood, Telford	
	Oswestry Health Centre	
	Bridgnorth Community Hospital	
	Ludlow Community Hospital	
	Whitchurch Community Hospital	

Once satisfied that all of the sections on this form are complete, please return via email to the Non-Medical Prescribing Lead: Shropcom.NMP@nhs.net

Section 2 – Scope of Practice (NMP to Complete)

This scope of practice:

4) Is for Governance purposes and enables monitoring against your prescribing data.
5) Should be used during your appraisal as a tool to plan your development as a prescriber.
6) Enables the clinical line manager to provide assurance to the organisation that the practitioner has attained the necessary competencies (NPC).

Please add more rows to the table below, where necessary:

Speciality / Conditions to be Prescribed For	Evidence of Competence to Prescribe in this Area	Recent CPD Supporting Prescribing in this Area (include dates)	Please State Guidelines or Attach Protocols / Pathway

What plans do you have to audit your prescribing? (You can request prescribing reports from the NMP Lead to aid the monitoring of your prescribing)

Do you receive Clinical Supervision? (If so, please give a brief description)

Have you identified any CPD needs relating to Prescribing? If so, how do you plan to address these needs?

NMP Name:			
NMP Signature:		**Date:**	

NMP to ensure ALL sections above have been completed fully before returning to NMP Lead.

Section 3 - My Personal Prescribing Formulary (NMP to complete)					
Name:		**Role:**		**Date:**	

Please highlight any changes from previous formulary below.

Drug & formulation	Dose	Route	Frequency	Indication	Side effects	Interactions	Mechanism of action

Continue to add/delete rows as necessary…

NMP Name:			
NMP Signature:		**Date:**	

Section 4 - Approval and Sign off Sheet

Approved by Clinical Line Manager			
I confirm that:			**Please Tick**
• I have discussed the above Scope of Practice (Section 2) and Personal Formulary (Section 3) with the practitioner and am satisfied that they have attained the necessary competencies (National Prescribing Centre).			
• I am satisfied that the NMP has read and understood the latest version of the Non-Medical Prescriber Policy (intranet).			
• The practitioner understands the requirements for security of FP10 prescriptions.			
• I have received evidence of the NMP's continued CPD.			
Line Manager Name:			
Signature:		**Date Signed:**	
Agreed Next Review Date: (maximum 2 years)			

Please leave the below section blank for Panel Sign Off:

Panel Approval and Sign Off:	**Yes**	**No**
The NMP's Scope of Practice (*Section 2*) is accurate and up to date		
The NMP's personal formulary (*Section 3*) is accurate and up to date		

Approved by panel:					
NMP Lead:		**Signature:**		**Date:**	
Pharmacist:		**Signature:**		**Date:**	

41. Appendix 7 - FP10 Ordering Flow Chart

FP10 Ordering Flowchart

When the administrator issues the last prescription in stock to a prescriber, they are to contact the Medicines Management Team Administrator (Shropcom.nmp@nhs.net) to request an order.

Administrator to provide the following information:

- Prescriber's name
- PIN
- Budget Code*
- Quantity of FP10 pads required.

* Budget Code is required so that the cost of printing the FP10s can be recharged to the correct department – this is a minimal cost.

↓

FP10 pads will be ordered by the Medicines Management Team Administrator and delivered to the administrator who made the request.

↓

Once the FP10s have been delivered, administrator to inform the Medicines Management Team Administrator for audit purposes.

↓

On receipt of the prescription pads, administrator to:

- Complete the 'prescription pad issue form' with the details of the new prescription pads.
- Prepare the FP10 allocation log for the prescriber, populating the rows with the prescription numbers.
- Contact the NMP to inform them that their FP10 pad is ready to collect.
- Ensure that the FP10s are securely stored whilst awaiting collection.
- Ensure the NMP signs the 'prescription pad issue form' to say that they have received their FP10 pad.

(Note: only one pad will be issued at a time and any others will be securely stored by the administrator)

42. Appendix 8 - FP10 Prescriptions – Golden Rules for Prescribers

FP10s are Controlled Stationery which can be misappropriated and MUST be kept SECURE at all times.

	Instructions
Ordering 	• Administrator to email request for new FP10 orders to the Medicines Management Team (MMT) Administrator; shropcom.nmp@nhs.net, providing the prescriber's name, PIN, budget code and quantity of FP10 pads required. • MMT administrator will confirm when FP10 pads have been ordered and when to expect delivery. • Administrator to email the MMT administrator to confirm when the pads have arrived.
Receipting and recording 	• On receiving the FP10s, the administrator should record the prescription numbers (first & last sheet numbers) on the appropriate Prescription Pad Issue Form and sign. • Administrator to prepare an FP10 Allocation Log for every new prescription pad received and pre-populate with the prescription numbers, storing the form with the pad. • On collecting the new FP10 pad, the prescriber should check that the prescription pad numbers correspond with the Prescription Pad Issue Form, before signing the form. • Prescribers are to complete the Allocation Log for EVERY FP10 issued (patient number, prescriber signature, date issued). • Prescriber to scan a copy of each completed allocation log to the NMP email address. • Prescriber to retain Allocation Log for 2 years from the last prescription issue date.
Security 	• FP10s should be stored in a secure location with strictly limited and controlled access. • DO NOT leave FP10 pads or allocation logs/forms unattended. If you are an administrator and you are preparing the FP10 paperwork and need to leave your desk, you must ensure that the FP10 pads are locked away first. • DO NOT leave the keys lying around for the cabinet/safe where the FP10s are stored. • Prescriber to show Trust ID badge when collecting their FP10 pad. • Prescribers must NEVER pre-sign FP10s. • FP10s MUST NOT be used for Trust staff, private patients, the prescriber or their family. • Only carry a small number of FP10s when making home visits. • The administrator is responsible for the security of the pads until they have been signed for by the person collecting them. The responsibility then transfers to the person signing for the FP10 pad.
Unused and spoilt FP10s 	• In the event of a prescriber leaving the Trust or ceasing to prescribe, their unused FP10s must be returned to the person who stores their FP10 pads, their line manager or the MMT Administrator, for destruction following the Trust's process. • Any spoilt FP10s should be crossed through, signed and dated and returned to the administrator who normally stores their FP10s, or the MMT administrator, for destruction. A note should be added to the Allocation Log to state that it was destroyed. • Any unused or spoilt FP10s that are returned should be recorded on the Record of Destruction Form. A manager will need to be present for the destruction of FP10s. • After completing the Record of Destruction Form and checking the details, the manager and witness should sign the form. The FP10s should then be torn into halves and then quarters and be placed in a Confishred bin (or shredded). • The completed Record of Destruction Forms should be scanned and emailed to the MMT Administrator (shropcom.nmp@nhs.net).
Missing, Lost or Stolen FP10 Or Other queries 	• Any missing/lost/suspected theft of FP10s MUST BE REPORTED IMMEDIATELY to the MMT Administrator, NMP Lead or Chief Pharmacist on shropcom.nmp@nhs.net or telephone 01743 277677/07811 734687 and leave a message. • Any missing/lost/suspected theft of FP10s must be recorded as an incident on Datix by the prescriber. • Contact the Medicines Management Team Administrator on shropcom.nmp@nhs.net in the event of any queries relating to the FP10 process.

43. Appendix 9 - Form MM 007 - Record of destruction of Prescription Forms (FP10)

Shropshire Community Health NHS Trust

MM007 - Record of destruction of Prescription Forms (FP10)

Process for FP10 destruction:

- Complete the form below and list the FP10 serial numbers to be destroyed.
- If destroying a part or whole pad, check that there are no prescriptions missing between the first and last sheets present (you may list the prescriptions as 'from number to number' rather than listing individually).
- A manager and a witness will need to be present for the destruction of FP10s. The witness or manager must not be the prescriber named on the prescription.
- After checking that the details are correct, the manager and witness should sign the form.
- The FP10s should be torn into halves and then quarters and be placed in a Trust Confishred bin (or shredded).
- The completed Record of Destruction Form should be scanned and emailed to the Medicines Management Team Administrator within one week of the destruction: shropcom.nmp@nhs.net.

Name of Prescriber:	
Prescriber PIN or Clinic name:	
Serial numbers: (List individually, or if destroying a series of FP10s, write 'from' and 'to' to show that the FP10s in between have also been destroyed. Please check first that there are no FP10s missing in the series.)	
Reason for FP10 destruction: (e.g. 'FP10 spoilt', 'Prescriber has left the Trust', 'Prescriber no longer prescribing in current role' etc.)	
I declare that the FP10 prescription forms for the above named prescriber (serial numbers listed) have been shredded/destroyed in my presence.	
Name Clinical Manager/Senior staff:	
Signature Clinical Manager/Senior staff:	
Name of witness to the destruction:	
Signature of witness:	
Date:	

This form must be forwarded to the NMP Lead within 1 week of the process of destruction of the FP10s.

Please scan and email the form to: shropcom.nmp@nhs.net

44. Appendix 10 - Example of required content of a Clinical Management Plan

(For GP completion prior to V150 prescribing)

Name of Patient**:** Address:		Patient medication sensitivities/allergies:	
Patient identification e.g. NHS number ID number, date of birth:			
Independent Prescriber(s): Contact details	Supplementary Prescriber(s) Contact details	GP Contact details	
Condition(s) to be treated	Aim of treatment		
Medicines that may be prescribed by SP:			
Indication	Preparation	Dose schedule	Specific indications for referral back to the IP
Guidelines or protocols supporting Clinical Management Plan:			
Frequency of review and monitoring by:			
Supplementary prescriber Supplementary prescriber and independent prescriber			
Process for reporting ADRs:			
Shared record to be used by IP and SP:			

Agreed by independent prescriber(s)	Date	Agreed by supplementary prescriber(s)	Date	Date agreed with patient/carer

45. Appendix 11 - Prescribing Information form for GP

Shropshire Community Health
NHS Trust

Add service address
And contact details

Information for the Patient's GP practice and medical records

Add Service Name

Patient Name	
NHS Number	
Date of Birth	
Presenting medical details	
Prescription issued for	
Date prescription issued	
Any special directions/ instructions given	
Health Care Professional issuing prescription	

Any further information required please contact **add service phone number.**

46. Appendix 12 - Outcome Measures & Process for Monitoring Compliance & Effectiveness

Outlines the Process for Monitoring Compliance and Effectiveness
Includes Standards/Key Performance Indicators

Outcome measure	Method	Who will undertake the monitoring	Frequency (min before next review of the policy)	Process for reviewing results
Monitoring prescribing	ePACT2 data compared to local formularies	NMP Lead	At least quarterly	Data to be shared at NMP bi-monthly forum
Comparing prescribing to the declared Scope of Practice	ePACT2 data compared to Scope of Practice declaration	NMP Lead	At least quarterly	Data to be shared at NMP bi-monthly forum

Shropshire Community Health NHS Trust aims to monitor clinical effectiveness in prescribing by undertaking regular audits of prescribing. These audits will be completed by the NMP Lead and a member of the Medicines Management Team to review the previous years' worth of data related to specified subjects. Results from this data will then be discussed and shared at the NMP forum for sharing of learning. An update should also be provided to trust SDG meetings. The review of data should include the below:

a) Compliance with scope of practice as evidenced by ePACT2 data.
b) Adherence to formulary e.g., wound care, antibiotics, high-cost drugs.

Additional References

Name of document	Organisation	Date	Publisher
Training non-medical prescribers in practice - *A guide to help students prepare for undertaking a prescribing course and the requirement for a mentor (prescribing supervisor)* https://www.hee.nhs.uk/our-work/medicines-optimisation/training-non-medical-prescribers	Health Education England	Accessed 29/07/2020	Health Education England
Mixing of medicines prior to administration in clinical practice: medical and non-medical prescribing https://assets.publishing.service.gov.uk/media/5a7c7f92ed915d48c241025e/dh_116360.pdf	Gateway ref: 14330	May 2010	Department of Health
Non-Medical Prescribing (Overview) https://bnf.nice.org.uk/guidance/non-medical-prescribing.html	BNF	Accessed 25/04/2018	NICE