# Policy and Procedure for Non Medical Prescribing

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**Distribution** (these contacts should distribute to their respective networks)

- Medical Director
- Director of Nursing
- Director of Pharmacy
- All Current Non Medical Prescribers

**Method**

- E-mail ✓
- Paper ✓
- Intranet ✓
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1</td>
<td></td>
</tr>
<tr>
<td>• Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Section 2</td>
<td></td>
</tr>
<tr>
<td>• Categories of Non Medical Prescriber</td>
<td>5</td>
</tr>
<tr>
<td>• Mechanisms of Non Medical Prescribing</td>
<td>5</td>
</tr>
<tr>
<td>Section 3</td>
<td></td>
</tr>
<tr>
<td>• Selection Criteria</td>
<td>10</td>
</tr>
<tr>
<td>• Prescribing Course Application Process</td>
<td>11</td>
</tr>
<tr>
<td>• Financial Support for Training</td>
<td>12</td>
</tr>
<tr>
<td>Section 4</td>
<td></td>
</tr>
<tr>
<td>• Procedure for Commencement of Prescribing</td>
<td>12</td>
</tr>
<tr>
<td>• Job Descriptions</td>
<td>13</td>
</tr>
<tr>
<td>• Multidisciplinary Working and Record Keeping</td>
<td>14</td>
</tr>
<tr>
<td>• New Post Holders With a Prescribing Qualification</td>
<td>14</td>
</tr>
<tr>
<td>• Termination of Prescribing</td>
<td>14</td>
</tr>
<tr>
<td>Section 5</td>
<td></td>
</tr>
<tr>
<td>• Prescribing in Different Settings</td>
<td>15</td>
</tr>
<tr>
<td>• Scottish Prescription Forms</td>
<td>16</td>
</tr>
<tr>
<td>• Safety and Security of Prescription Pads</td>
<td>17</td>
</tr>
<tr>
<td>• Loss of Prescription Forms</td>
<td>17</td>
</tr>
<tr>
<td>• Fraudulent Prescription Forms</td>
<td>18</td>
</tr>
<tr>
<td>Section 6</td>
<td></td>
</tr>
<tr>
<td>• Clinical Governance</td>
<td>18</td>
</tr>
<tr>
<td>• Establishment and Maintenance of a Single NHS Highland Database of Non Medical Prescribers</td>
<td>19</td>
</tr>
<tr>
<td>• Continuing Professional Development (CPD)</td>
<td>19</td>
</tr>
<tr>
<td>• Prescription Writing</td>
<td>21</td>
</tr>
<tr>
<td>• Record Keeping</td>
<td>21</td>
</tr>
<tr>
<td>• Prescribing and Dispensing / Administration</td>
<td>22</td>
</tr>
<tr>
<td>Topic</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Monitoring and Audit of Non Medical Prescribing</td>
<td>22</td>
</tr>
<tr>
<td>Financial Accountability</td>
<td>23</td>
</tr>
<tr>
<td>Dealing with Concerns Regarding a Prescriber’s Capability</td>
<td>24</td>
</tr>
<tr>
<td>Adverse Drug Reactions</td>
<td>24</td>
</tr>
<tr>
<td>Gifts and Benefits</td>
<td>25</td>
</tr>
<tr>
<td>Bibliography</td>
<td>26</td>
</tr>
<tr>
<td>• Appendix 1 – Non Medical Prescribing – Clinical Management Plan Template</td>
<td>27</td>
</tr>
<tr>
<td>• Appendix 2 – Non Medical Prescribing – Change of Medication Notification</td>
<td>28</td>
</tr>
</tbody>
</table>
SECTION 1

INTRODUCTION


All NHS Highland Policy and Procedures relating to Non Medical Prescribing should be read in conjunction with the following publications:

- "Non Medical Prescribing in Scotland" (Scottish Executive Health Department 2006) – colloquially known as the “Blue Folder” and referred to as such throughout this document
- “A Safe Prescription – developing nurse, midwife and allied health profession (NMAHP) prescribing in NHS Scotland”. (The Scottish Government 2009)
- “General Ophthalmic Services – Optometry Independent Prescribing” (Scottish Government 2013)
- “Standards of proficiency for nurse and midwife prescribers” (Nursing and Midwifery Council 2006)
- “Standards for medicines management” (Nursing and Midwifery Council 2007)
- “Standards of prescribing” (Health & Care Professions Council 2013)
- “Guidance for optometrist prescribers” (The College of Optometrists 2009)

NHS Highland recognises these documents as key references to inform the practice of non medical prescribing. Non medical prescribers are expected to practice within the standards and principals of these documents relevant to their profession.

Non medical prescribers (NMPs) will also be kept updated as new legislation comes into effect by the Non Medical Prescribing Sub Group (NMPSG). To ensure circulation NMPs should ensure their personal details are up-to-date on the [NHS Highland NMP Database](http://intranet.nhsh.scot.nhs.uk/Org/CommNet/ADTC/NMPSG/Documents/).

For all service developments / re-designs where consideration is given to implementing non medical prescribing, all stakeholders (e.g. practitioners, service managers, hospital pharmacy departments, etc.) must be involved in the planning process. In addition, all such service developments / re-designs should seek the advice of the NMPSG to ensure clinical governance requirements are met.

For services reviewing how medicines are prescribed or supplied to individuals, whilst there is a place for patient group directions (PGDs) e.g. where the range of medicines to be prescribed or administered is limited, there should be an aspiration to utilise non medical prescribing in preference to developing additional PGDs.
SECTION 2

CATEGORIES OF NON MEDICAL PRESCRIBER

There are currently three categories of non medical prescriber, as defined below:

Community Practitioner Nurse Prescriber
The community specialist practitioner programme incorporates community practitioner nurse prescribing (formerly District Nurse and Health Visitor / Public Health Nurse prescribing). Such nurses can prescribe from the Nurse Prescribers’ Formulary for Community Practitioners (previously called the Nurse Prescribers’ Formulary for District Nurses and Health Visitors). This Formulary includes dressings, appliances and a limited list of medicines relevant to community nursing and health visiting / public health nursing practice.

Supplementary Prescriber
The working definition of supplementary prescribing is “a voluntary partnership between an independent prescriber (who is a registered medical or dental practitioner) and a supplementary prescriber to implement an agreed patient specific Clinical Management Plan with the patient’s agreement”. The following professionals are now eligible to qualify as supplementary NMPs:
- Nurses and midwives
- Pharmacists
- Physiotherapists
- Podiatrists
- Optometrists
- Radiographers

Independent Prescriber
A working definition of independent prescribing is prescribing by a practitioner responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Within medicines legislation the term used is “appropriate practitioner”. The following professionals are now eligible to qualify as independent NMPs:
- Nurses and midwives
- Pharmacists
- Physiotherapists
- Podiatrists
- Optometrists

MECHANISMS OF NON MEDICAL PRESCRIBING

All non medical prescribers must work within their own area(s) of clinical knowledge and within their own level of professional competence. Prescribers are accountable for their own actions and omissions, and must be aware of the limits of their skills, knowledge and competence and must seek advice and make appropriate referrals to other professionals with different expertise in situations out with their level of competence.

All prescribers working in NHS Highland should prescribe, as far as possible, from those medicines and appliances listed in the Highland Formulary, NHS Highland Wound Management Guideline and Formulary, and follow local treatment guidelines.
The following section describes different mechanisms currently available for non medical prescribing. However, the legislation and subsequent NHS policy continues to be updated regarding these mechanisms, in particular the prescribing rights and scope of different professions. To support practitioners to develop their prescribing roles in line with updates to legislation and NHS policy the Non Medical Prescribing Sub Group will provide all prescribers on the NHS Highland Non Medical Prescribers Database with such updates as they become available. Updates will also be summarised in the “Pink One” prescribing newsletter.

It is the responsibility of individual practitioners to keep themselves up-to-date with changes to legislation and NHS policy and to act upon changes relevant to their role.

The mechanisms currently available for the non medical supply and administration of medicines (where no prescribing qualifications are required) are:

1. **Patient Group Directions (PGDs)**
   A Patient Group Direction (PGD) is a written instruction for the supply and/or administration of a licensed medicine in an identified clinical situation, where the patient may not be individually identified before presenting for treatment.
   The management of PGDs within NHS Highland is the responsibility of the PGD Sub Group of the Area Drug and Therapeutics Committee (ADTC).

2. **Specific Exemptions in Medicines Legislation for the Supply or Administration of Medicines**
   A number of health professionals, for example, midwives, chiropodists / podiatrists, optometrists, and paramedics have specific exemptions in medicines legislation which enables them to supply or administer medicines. Provided the requirements of any conditions relating to those exemptions are met, neither a PGD nor a non medical prescribing qualification is required.

3. **Patient Specific Directions (PSDs)**
   A Patient Specific Direction is the written instruction, from a doctor, dentist, nurse or pharmacist independent prescriber, for medicines to be supplied or administered to a named patient.
   In primary care, this might be a simple instruction in the patient’s notes. Examples in secondary care include instructions on a patient’s ward drug chart.
   As a Patient Specific Direction is individually tailored to the needs of a single patient, it should be used in preference to a Patient Group Direction (PGD) wherever appropriate.

The mechanisms currently available for non medical prescribing (where a prescribing qualification is required) are:

1. **Nurse Prescribers’ Formulary for Community Practitioners (Formerly District Nurses and Health Visitors Formulary)**
   The Nurse Prescribers’ Formulary for Community Practitioners (formerly District Nurses and Health Visitors), is the formulary used by community practitioner prescribers. The formulary contains certain prescription only medicines (POMs), pharmacy (P) and general sales list (GSL) medicines, as well as dressings and appliances relevant to community nursing and
health visiting practice. These are listed in the Nurse Prescribers Formulary section of the British National Formulary (BNF).

2. Supplementary Prescribing
Supplementary prescribing was initially introduced for nurses and pharmacists and has now been extended to physiotherapists, chiropodists / podiatrists, radiographers and optometrists. These professionals must have an approved supplementary prescribing qualification. Each supplementary prescriber must only prescribe within their own area(s) of clinical competence.

Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber (doctor or dentist) and supplementary prescriber, to implement an agreed patient-specific clinical management plan (CMP), with the patient’s agreement.

A suggested CMP template is included within this policy – see Appendix 1.

Following agreement of the CMP, the supplementary prescriber may prescribe any medicine for the patient which is referred to in the plan. There is no formulary for supplementary prescribing, and no restrictions on the medical conditions which can be managed under these arrangements. Despite the introduction of independent nurse and pharmacist prescribing, supplementary prescribing for these professions may still be the most appropriate mechanism for prescribing in some instances, for example:

- Where the independent prescriber is newly qualified.
- Where a team approach to prescribing is clearly appropriate.
- Where a patient’s CMP includes unlicensed medicines or certain controlled drugs (not prescribable under independent prescribing arrangements).

Medicines and Treatments Prescribable under Supplementary Prescribing Arrangements

- Only those medicines and treatments referred to in the CMP for an individual patient, as agreed with the independent prescriber, can be prescribed.
- The doses, frequency of dosing, dosage forms, products and any other variable in relation to the medication may be limited within the CMP to ensure safe and effective treatment.

The following may be included in the CMP:

- Licensed Medicines for Licensed Indications
  Supplementary Prescribers may prescribe any licensed medicine (i.e. products with a UK marketing authorisation) for any medical condition, including controlled drugs, “black triangle” drugs and those suggested in the BNF to be “less suitable” for prescribing.

- Licensed Medicines for Unlicensed Indications (“Off Label” Prescribing)
  Supplementary Prescribers may prescribe medicines for indications outside their licensed indications / UK marketing authorisations (so called “off licence” or “off label”). Such use must have the joint agreement of both prescribers and the status of the drug should be recorded in the CMP.
  Prescribing “off label” does confer extra responsibilities on prescribers. They must accept professional, clinical and legal responsibility for that prescribing. From a legal perspective, prescribers need to demonstrate firstly that they acted in accordance with a respected body
of professional opinion (the Bolam test) and secondly, that their prescribing action was capable of withstanding logical analysis (the Bolitho test).

- **Unlicensed Medicines**
  Supplementary Prescribers may prescribe unlicensed medicines (products which do not have a licence in the UK) only where their use has the joint agreement of both prescribers and the status of the drug is recorded in the CMP.

- **Mixing of Medicines**
  It is common practice to mix medicines together before administration to a patient e.g. in a syringe pump. However, mixing two licensed medicines together results in a new unlicensed product being produced. Medicines legislation now enables Supplementary Prescribers to mix medicines themselves and direct others to mix for the purpose of administration to an individual patient. The mixing of medicines must be included in the CMP relating to the treatment of an individual patient and can now include schedule 2, 3, 4 or 5 controlled drugs.

- **Borderline Substances**
  A list of Advisory Committee of Borderline Substances (ACBS) approved products and the circumstances under which they can be prescribed can be found in Appendix 2 of the BNF. Supplementary Prescribers should restrict their prescribing of borderline substances to items on the ACBS approved list. NMPs should refer to NHS Highland Policy on the Prescription of Borderline Substances in Primary Care.

- **Appliances / Dressings in the Scottish Drug Tariff**
  Supplementary Prescribers may prescribe any appliances / dressings which are listed in the Scottish Drug Tariff, but should aim to prescribe products included in NHS Highland Wound Management Guideline & Formulary.

**3. Independent Prescribing**

**Medicines and treatments prescribable under independent prescribing arrangements**

- **Licensed Medicines for Licensed Indications**
  **Nurse Independent Prescribers** may prescribe any licensed medicine (i.e. products with a UK marketing authorisation) for any medical condition, which they are competent to treat, including some controlled drugs. Nurse independent prescribers are enabled to prescribe, administer and give directions for the administration of schedule 2, 3, 4 and 5 controlled drugs.

  **Exceptions** - Nurse independent prescribers may not prescribe diamorphine, dipipanone or cocaine for treating addiction but may prescribe these items for treating organic disease or injury.

  **Pharmacist Independent Prescribers** may prescribe any licensed medicine (i.e. products with a UK marketing authorisation) for any medical condition, which they are competent to treat, including some controlled drugs. Pharmacist independent prescribers are enabled to prescribe, administer and give directions for the administration of schedule 2, 3, 4 and 5 controlled drugs.
Exceptions - Pharmacist independent prescribers may not prescribe diamorphine, dipipanone or cocaine for treating addiction but may prescribe these items for treating organic disease or injury.

At present, the extensions to allow prescribing of controlled drugs by pharmacist independent prescribers, does not extend to community pharmacists who are independent prescribers. For community pharmacist independent prescribers these extensions will additionally require changes to be made to the Health Board Pharmacist Independent Prescribing Service (Scotland) directions 2007. This policy will be updated once such changes have been made to the directions.

Physiotherapist and podiatrist independent prescribers may prescribe any licensed medicine (i.e. products with a UK marketing authorisation) for any medical condition, which they are competent to treat, but not any schedule 2, 3, 4 or 5 controlled drugs.

- Licensed Medicines for Unlicensed Indications (“Off Label” Prescribing)
  Nurse and Pharmacist Independent Prescribers may prescribe medicines independently for indications outside their licensed indications / UK marketing authorisations (so called “off licence” or “off label”).

Physiotherapist and Podiatrist Independent Prescribers may prescribe licensed medicines for unlicensed indications with the exception of controlled drugs, as above.

Prescribing “off label” does confer extra responsibilities on prescribers. They must accept professional, clinical and legal responsibility for that prescribing. From a legal perspective, prescribers need to demonstrate firstly that they acted in accordance with a respected body of professional opinion (the Bolam test) and secondly, that their prescribing action was capable of withstanding logical analysis (the Bolitho test).

- Unlicensed Medicines
  Following changes in December 2009, Nurse and Pharmacist Independent Prescribers can prescribe unlicensed medicines on the same basis as doctors provided that they are competent and take responsibility for doing so.

Physiotherapist and Podiatrist Independent Prescribers may not prescribe unlicensed medicines.

- Mixing of Medicines
  It is common practice to mix medicines together before administration to a patient e.g. in a syringe pump. However, mixing two licensed medicines together results in a new unlicensed product being produced. Medicines legislation now enables Nurse and Pharmacist Independent Prescribers to mix medicines themselves and direct others to mix for the purpose of administration to an individual patient. This includes schedule 2, 3, 4 or 5 controlled drugs.

- Borderline Substances
  A list of Advisory Committee of Borderline Substances (ACBS) approved products and the circumstances under which they can be prescribed can be found in Appendix 2 of the BNF. Independent Prescribers should restrict their prescribing of borderline substances to items on the ACBS approved list. NMPs should refer to NHS Highland Policy on the Prescription of Borderline Substances in Primary Care.

- Appliances / Dressings in the Scottish Drug Tariff
Independent Prescribers may prescribe any appliances / dressings which are listed in the Scottish Drug Tariff, but should aim to prescribe products included in NHS Highland Wound Management Guideline & Formulary.

**Optometrist Prescribers** can prescribe any licensed medicine for conditions connected with the eye and tissues surrounding the eye that they are competent to treat. This excludes medicines for parental administration.

Optometrist prescribers cannot prescribe controlled drugs or unlicensed medicines.

**SECTION 3**

The selection of practitioners to undergo non medical prescribing training is at the discretion of the employing organisations through management and leadership structures, making reference to the NHS Highland Non Medical Prescribing Strategy Refresh [http://intranet.nhsh.scot.nhs.uk/Org/CommNet/ADTC/NMPSG/Documents/](http://intranet.nhsh.scot.nhs.uk/Org/CommNet/ADTC/NMPSG/Documents/). Line managers and/or professional leads of individual applicants must determine that non medical prescribing is necessary and appropriate for the clinical service and the individual’s clinical role.

**SELECTION CRITERIA**

Applicants must:

1. a) Pharmacists – Have at least two years appropriate patient-orientated experience in a UK hospital, community or primary care setting following their pre-registration year after graduation.
   b) Nurses, midwives and AHPs - Have at least three years’ post-registration clinical experience, of which at least one year immediately preceding their application to the training programme, should be in the clinical area in which they intend to prescribe. Part-time workers must have practised for a sufficient period to have achieved the same level of knowledge and skill as their full-time colleagues.

2. For nurses, midwives and AHPs only - Have an up-to-date (within three years) Disclosure Scotland (enhanced) check or, if not, agree and arrange with line manager for check to be carried out prior to course application.

3. Be able to demonstrate the requirement for non medical prescribing training as part of their Personal Development Plan and Review (PDP& R) process.

4. Have the opportunity to prescribe in the post which they will occupy on completion of training. The therapeutic area(s) in which they will prescribe should be identified before they begin training.

5. Refer to their relevant registration body for professional Standards of Proficiency.

6. Have the ability to study at degree level (Scottish Credit and Qualifications Framework, level 9 i.e. first degree level) or provide evidence of their academic ability to study at this level.

7. Demonstrate to their employer their clinical competence in the area in which they wish to prescribe. For example, they must be able to carry out a comprehensive assessment of the patient’s physiological, mental and/or psychological condition and understand the underlying pathology and the appropriate medicines regime. A proficient and competent prescriber will:
   - Have the combination of expertise in the conditions being treated.
• Have an appreciation of the patient’s particular manifestation of it.
• Have knowledge of the medicines which will be most appropriate for the individual.

8. Have prior written confirmation from a designated medical practitioner (DMP), who meets the eligibility criteria described by the National Prescribing Centre, and that s/he has agreed to facilitate learning and assess competence during the learning in practice element of the education programme. Information will be provided to DMPs from Higher Education Institutions (HEIs) regarding the role and remit of supervision.

9. Have written confirmation from an appropriate authority that they will have access to a budget to meet the costs of their prescribing on completion of the course.

10. Have agreement from their line manager that:
• The applicant will be able to practice upon qualification in the chosen clinical area.
• Non medical prescribing is appropriate and necessary for the relevant clinical area/service
• Suitable study leave will be made available.
• Backfill will be made available if required.

**PRESCRIBING COURSE APPLICATION PROCESS**
Details of the course requirements can be found from individual HEIs. NHS Highland will inform line managers and professional leads across the organisation regarding availability of forthcoming non medical prescribing courses.

**Nursing and AHPs**

**Stage 1 – NHS Highland Application Process**

• Application is made in writing using the NHS Highland Approved Application Form (available from the Professional Prescribing Leads).
• Completed application forms are forwarded to relevant Prescribing Leads.
• Prescribing Leads check application forms against the selection criteria. The Prescribing Leads will agree prioritisation of applicants across all disciplines and inform applicants, their line manager and the professional lead of the decision as to whether the application has been supported, or not.

**Stage 2 – HEI Application Process**
Only when applicants have been informed by the relevant prescribing lead that their NHS Highland application has been successful, can they proceed to this stage.
• For successful NHS Highland applicants planning to undertake the course with University of Stirling, prescribing leads will inform the University of potential candidates and the University will forward university application forms directly to the candidate.
• Nursing and midwifery applicants wishing to undertake the course with a university other than the University of Stirling should discuss this with their professional lead.
• Successful applicants, from other disciplines, planning to undertake the course with another university should apply directly to the University of their choice.

**Pharmacy**

The application process for pharmacists in Scotland is coordinated by NES. Details of prescribing courses offered by the two Scottish Schools of Pharmacy and application forms are available on the NES Pharmacy website at [http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy.aspx)

NES share completed application forms with the Director of Pharmacy for local approval.
**FINANCIAL SUPPORT FOR TRAINING**

Nursing and AHPs
Funding for non medical prescribing education is provided by the Scottish Government Health Department and applied for on behalf of the Board Nurse Director office by the Prescribing Lead - Nursing.

Pharmacy
Central funding is being made available through NHS Education for Scotland (NES) to meet the direct costs of Pharmacist Prescribing training.

**SECTION 4**

**PROCEDURE FOR COMMENCEMENT OF PRESCRIBING**

On successful completion of prescribing education and training programme;

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<th>AHPs</th>
<th>Pharmacists</th>
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<td>Step 1</td>
<td>The academic institution will inform NHS Education in Scotland (NES) of the individual’s successful course completion.</td>
<td>The HEI will inform the Health Professions Council (HPC) of successful completion of training.</td>
<td>A pharmacist who completes a prescribing course should apply to have their entry in the General Pharmaceutical Council (GPhC) Register annotated. Application forms can be downloaded from the GPhC website and should be submitted, along with the registration fee, within six months of the date of award of the practice certificate.</td>
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<td>Step 2</td>
<td>NES will inform the Nursing and Midwifery Council (NMC) of successful completion of training. The NMC will write to the newly qualified practitioner asking for payment to annotate the NMC register. On receipt of payment, the NMC will forward an extract from the register to the newly qualified prescriber as evidence of entry to the register.</td>
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<td>Step 3</td>
<td>In ALL cases, the Non Medical Prescriber must complete a copy of the NHS Highland Non Medical Prescribing Database/Registration form An electronic version of this form can be downloaded from the NMPSG intranet site. Once completed, the Database/Registration form should be e-mailed back to the NMP Administrator at <a href="mailto:High-UHB.NMPadministrator@nhs.net">High-UHB.NMPadministrator@nhs.net</a></td>
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<td>Step 4</td>
<td>NMP Lead approves ISD form</td>
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<td>Step 5</td>
<td>NMP Lead approves ISD registration form, along with a copy of their NMC/HCPC Statement of Entry or Annotation of their prescribing qualification from the NMC/HCPC/GPhC register and which allows the prescriber to be registered with ISD (Information and Statistics Division)</td>
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<td>Step</td>
<td>The NMP Administrator will forward the ISD (P) form to ISD. This enables the</td>
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Please note:
Steps 5, 6 and 7 only apply to prescribers who will be issuing prescriptions to be dispensed in primary care (normally by a community pharmacy). These steps do not apply to prescribers who will only prescribe medicines that are dispensed/administered in secondary care settings e.g. hospital in-patient settings.

Re-ordering of prescription pads
1. For prescribers attached to GP practices, re-orders should be via the practice on controlled stationery order forms
2. For prescribers not attached to a specific GP practice, a copy of controlled stationery order form should be requested from either:
   - For North & West and Inner Moray Firth (South & Mid Division and Raigmore) Operational Units – NMP Administrator at South & Mid Division, NHS Highland, Alder House, Cradlehall Business Park, Inverness IV2 5GH or e-mail High-UHB.NMPAdministrator@nhs.net
   - For Argyll & Bute – Secretary to CHP Lead Nurse, Aros, Lochgilphead, PA31 8LB.
   - For all Community Pharmacists – Community Pharmacy Business Manager (CPBM), NHS Highland, John Dewar Building, Inverness Retail & Business Park, Highlander Way, Inverness, IV2 7GE.

On receipt of the completed order form, the Administrative Assistant / Secretary / CPBM will order prescription pads and forward a copy of controlled stationery with prescription pads to the prescriber in readiness for a new order.

It is the responsibility of individual prescribers but also line managers and professional leads to ensure that the Non Medical Prescribing Database is up-to-date. Any changes to circumstances or personal details should be made as they occur, using NHS Highland Non Medical Prescribing Database Form and forward to the NMP Administrator at South & Mid Division, NHS Highland, Alder House, Cradlehall Business Park, Inverness IV2 5GH or e-mail High-UHB.NMPAdministrator@nhs.net

The NMP Administrator will request that entries for individual prescribers on the Non Medical Prescribing Database are checked and confirmed on an annual basis.

JOB DESCRIPTIONS (NHS HIGHLAND EMPLOYEES)
The practitioner’s job description must be updated to include their non medical prescribing role and responsibilities and the level / type of prescriber.

For example, the wording may include:

“Fulfils the role of Community Practitioner Nurse Prescriber / Supplementary Prescriber / Independent Prescriber (delete as appropriate) within the patient / client group relevant to
this post, the clinical competencies of the post holder and practices within the policies, procedures and guidelines of NHS Highland and the post holder’s professional body.”

MULTIDISCIPLINARY WORKING AND RECORD KEEPING
Before commencing prescribing, each new non medical prescriber must liaise with relevant multidisciplinary colleagues (e.g. local Community Pharmacies, Hospital Pharmacy Department, GPs, Consultants, etc.) to inform them when they will be starting to prescribe and discuss access to patients’ medical records to ensure adherence to clinical governance requirements related to safe prescribing and record keeping.

In the event of any disagreement between a prescriber and another professional regarding the prescribing for an individual patient, it is in the patient’s best interests to attempt to resolve such disagreements at an early stage. If the parties involved cannot find a resolution, each practitioner should discuss the matter with their respective line manager / professional lead.

NEW POST HOLDERS WITH A PRESCRIBING QUALIFICATION
Prior to the recruitment stage, the job description and job profile for all relevant posts must be reviewed to identify if non medical prescribing is a requirement of the role and the job description amended if appropriate.
On appointment the successful candidate should complete the NHS Highland Non Medical Prescribing Database Form and, if required, the relevant ISD (P) form. These should both be forwarded to NMP Administrator at South & Mid Division, NHS Highland, Alder House, Cradl”

TERMINATION OF PRESCRIBING
It is imperative that the non medical prescribing database is kept up-to-date. It is the responsibility of the individual prescriber or their line manager/professional lead to inform the NMP Administrator of any terminations of prescribing e.g. retirement. The NHS Highland Non Medical Prescribing Database Form (Appendix 2) should be completed and forwarded with all unused prescription pads to NMP Administrator at South & Mid Division, NHS Highland, Alder House, Cradl”
SECTION 5

PRESCRIBING IN DIFFERENT SETTINGS

1. Prescribing for Hospital In-Patients
Non medical prescribers prescribing for inpatients within hospitals in NHS Highland may use all approved hospital drug charts within their clinical area, including:
- In-patient prescription charts
- I.V. fluid charts
- Insulin charts
- Anti-coagulation charts
- A & E patient forms
- Paper discharge prescriptions

NB. The Immediate Discharge Letter (IDL) is not just a prescription but is a complete clinical record of a patient’s admission and care in hospital plus the plan for on-going care provision following discharge. Any practitioner signing an IDL must ensure they have responsibility for the patient’s entire care.

Where non medical prescribers need to use computerised discharge prescriptions (IDL) they require to apply for authority to authorise electronic prescriptions. The prescriber’s Professional Lead will confirm the individual’s prescribing authority. The line manager will advise on who is designated clinical signatory to countersign AR1 Request Form.

All discharge medication for each patient must be written on one form to allow review of the patient’s full therapy. The member of staff who authorises this prescription takes full clinical responsibility for the whole prescription.

2. Hospital Based Practitioners Prescribing in Community Settings
Hospital based non medical prescribers who wish to prescribe for patients in the community may do so in the same manner as hospital based medical prescribers and as part of the consultant-led clinical team. All prescribing practice must be timeously communicated to the relevant general practice.

In NHS Highland the majority of items dispensed in primary care are charged to the relevant GP practice prescribing budget; the costs follow the patient. Any treatments initiated in a secondary care setting that are required to be continued by a patient’s GP must be timeously communicated to the GP. Any treatments of significant cost value should be discussed with the GP practice prior to treatment being initiated.

The process for obtaining the relevant prescription pads for use in the community, is as for community based non medical prescribers, see Section 3.

3. Prescribing within GP Practice / Community / Clinic / Hospital Out-Patient Settings
Non medical prescribers prescribing for patients in any of the above settings in NHS Highland may prescribe using either:
   a) Outpatient prescription form – to be used for urgent changes to therapy or for the supply of specialist therapies, where the hospital pharmacy will dispense the prescription. (For non-urgent changes to therapy a letter to the patient’s GP should be sent requesting him / her to prescribe).
   b) An appropriate form type from the following table:
SCOTTISH PRESCRIPTION FORMS

<table>
<thead>
<tr>
<th>FORM TYPE</th>
<th>COLOUR</th>
<th>PRESCRIBER</th>
<th>ISSUED TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP10</td>
<td>Peach</td>
<td>Medical Prescriber</td>
<td>General Practice Patients</td>
</tr>
<tr>
<td>GP10 (SS)</td>
<td>Peach</td>
<td>Medical Prescriber (Computer Generated)</td>
<td>General Practice Patients</td>
</tr>
<tr>
<td>GP10N</td>
<td>Lilac</td>
<td>Nurse Prescriber</td>
<td>General Practice Patients</td>
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</tr>
<tr>
<td>GP10P</td>
<td>Yellow</td>
<td>Supplementary/Independent Non Medical Prescriber</td>
<td>General Practice Patients</td>
</tr>
<tr>
<td>GP10NMP</td>
<td>Yellow</td>
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<td>General Practice Patients</td>
</tr>
<tr>
<td>GP14</td>
<td>Yellow</td>
<td>Dental Prescribers</td>
<td>Dental Patients</td>
</tr>
<tr>
<td>HBP*</td>
<td>Blue</td>
<td>Hospital Based Prescriber</td>
<td>Hospital Outpatients</td>
</tr>
<tr>
<td>HBPA*</td>
<td>Pink</td>
<td>Hospital Based Drug Addict Clinic Prescriber</td>
<td>Drug Addict Patients</td>
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<tr>
<td>HBPA (SS)*</td>
<td>Pink</td>
<td>Hospital Based Drug Addict Clinical Prescriber (Computer Generated)</td>
<td>Drug Addict Patients</td>
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<tr>
<td>HBPP*</td>
<td>Yellow</td>
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</tr>
<tr>
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<td>General Practice Patients</td>
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<tr>
<td>GP10A</td>
<td>Pink</td>
<td>Medical Prescribers</td>
<td>GP Stock Order</td>
</tr>
</tbody>
</table>

*Restricted and limited use of these is recommended due to higher costs. HBP forms should only be used in areas where they are currently in use by medical prescribers, e.g. Out-of-Hours Centres. Where these forms are required, the prescriber should re-order supplies through either:

- The relevant hospital pharmacy department
- For North & West and Inner Moray Firth Operational Units – NMP Administrator at South & Mid Operational Unit, NHS Highland, Alder House, Cradlehall Business Park, Inverness IV2 5GH or e-mail High-UHB.NMPAdministrator@nhs.net
- For Argyll & Bute – Secretary to CHP Lead Nurse, Aros, Lochgilphead, PA31 8LB.

In order that an individual’s GP has as complete a record as possible of all medicines prescribed, all prescribing decisions i.e. treatments being started, stopped or changed must be timeously communicated to the relevant general practice.

Prescribers should be aware that all items prescribed for dispensing in the community are charged to the relevant GP practice prescribing budget and therefore any prescriptions of significant cost value should be discussed with the practice prior to treatment being initiated.

Prescription pads for use in the community will be sent directly to the prescriber. (see Section 3). Practitioners prescribing for more than one GP practice will be issued with a pre-
printed prescription pad with the prescriber code for the main prescribing practice. For the additional practices, practitioners will be issued part-printed prescription pads with practitioner’s name, professional registration number and contact telephone number. Prescribers will enter the appropriate unique GP Practice code and their prescriber reference number unique to that GP practice on each prescription form.

Regardless of the prescription form / prescription chart used each prescriber should indicate which type of prescribing they are practicing (Community Practitioner Nurse Prescriber, Supplementary Prescriber or Independent Prescriber) i.e. print “CPNP”, “SP” or “IP” immediately after their signature on all documentation. This allows the dispensing pharmacist (or doctor) to complete their legal obligation in checking the prescription.

SAFETY AND SECURITY OF PRESCRIPTION PADS

Prescription pads must be handled as controlled stationery.

The security of prescription pads is the responsibility of the prescriber whilst in their possession and the Director of Pharmacy during transit and storage. All prescribers must keep records of the serial numbers of prescription forms received in a secure place, separate to the prescription pads. The first and last serial numbers of pads should be recorded.

Blank forms must never be pre-signed or left unattended. Care must be taken not to leave patients alone where they may have access to prescription pads. Staff working in the community should ensure prescription pads are kept out of sight and never left unattended in their car / clinical bag.

When not in use, all staff should ensure prescription pads are kept within a locked drawer or drug cabinet.

LOSS OF PRESCRIPTION FORMS
All prescribers must notify immediately the suspected or actual loss or theft of prescription forms or stamps immediately to:

<table>
<thead>
<tr>
<th>In a primary care setting</th>
<th>In a hospital setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Their line manager</td>
<td>1. Their line manager</td>
</tr>
<tr>
<td>2. Either:</td>
<td>2. Head of hospital pharmacy service</td>
</tr>
<tr>
<td>• For North &amp; West and South &amp; Mid Operational Units – NMP Administrator at South &amp; Mid Division, NHS Highland, Alder House, Cradlehall Business Park, Inverness IV2 5GH or e-mail <a href="mailto:High-UHB.NMPadministrator@nhs.net">High-UHB.NMPadministrator@nhs.net</a></td>
<td></td>
</tr>
<tr>
<td>• For Argyll &amp; Bute – Secretary to CHP Lead Nurse, Aros, Lochgilphead, PA31 8LB.</td>
<td></td>
</tr>
<tr>
<td>3. Primary Care Manager within the relevant Operational Unit/CHP who, in turn, will notify Practitioner Services and local GP Practices.</td>
<td></td>
</tr>
</tbody>
</table>
4. Lead Pharmacist within the relevant Operational Unit/CHP or (in their absence) the Head of Community Pharmaceutical Services* who, in turn, will notify local Community Pharmacies.

*Based at John Dewar Building, Inverness Retail and Business Park, Inverness

In discussion with above, there may be a need to also notify Counter Fraud Services and the Police.

In addition, NHS staff must complete a Datix report detailing the incident. Details of the approximate number of prescriptions stolen, where and when they were lost or stolen must be provided.

Community Pharmacies and GP Practices may require to be notified of lost or stolen prescriptions and the method of identifying genuine prescriptions that are to be used by the prescriber for an agreed period.

**FRAUDULENT PRESCRIPTION FORMS**

Fraudulent use of prescription forms i.e. where the patient has amended the prescription themselves, may be identified when prescriptions are presented to a community pharmacy for dispensing. Where there is suspicion of fraud, the community pharmacist will contact the prescriber to confirm the intended prescription details. In discussion with the community pharmacist, all such cases of fraud should be reported to Counter Fraud Services and the Police immediately. The prescriber should:

- Complete a Datix report (NHS staff only)
- Document the incident in the patient’s notes.
- Notify their line manager/professional lead of such incidents at the earliest opportunity.

**SECTION 6**

**CLINICAL GOVERNANCE**

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

ADTC has the over-arching responsibility and accountability for all medicines related activities. The Non Medical Prescribing Sub Group of ADTC has been established to promote improvements and efficiency in patient care through the safe and effective use of non medical prescribing practice.

The remit of the Sub Group is to:

- Inform, advise and report to NHS Highland ADTC on matters relevant to non-medical prescribing.
- Enable, monitor and promote the implementation of relevant ADTC policies and decisions.
- Develop and maintain a current strategy for non-medical prescribing.
• Develop, promote and enable implementation of policies for non-medical prescribing in accordance with agreed strategy, legislation, professional standards and national guidance.
• Support the practice of non medical prescribing.
• Evaluate and report to ADTC on all categories of non-medical prescribing.
• Identify areas of risk associated with non-medical prescribing and provide support to address these.

Described below is the range of systems to support clinical governance within non medical prescribing.

ESTABLISHMENT AND MAINTENANCE OF A SINGLE NHS HIGHLAND DATABASE OF NON MEDICAL PRESCRIBERS

The database of all non medical prescribers will be held by NMP Administrator at South & Mid Division, NHS Highland, Alder House, Cradlehall Business Park, Inverness IV2 5GH or e-mail High-UHB.NMPadministrator@nhs.net

The purpose of the database is to:
• Maintain an up-to-date register of all non medical prescribers within NHS Highland.
• Monitor trends amongst different professions, geographical areas and clinical services where non medical prescribing is being implemented.
• Allow for a means of providing all current non medical prescribers with updates in legislation, guidance, etc.
• Maintain up-to-date distribution list for the BNF, Children’s BNF and Highland Formulary.

NB. Local clinical areas / operational units may wish to maintain local registers in addition to the central database.

It is the responsibility of individual practitioners, line manager and professional leads to provide up-to-date information for this database, as changes occur. The NMP Administrator will confirm annually that details held for individuals are correct.

For purposes of monitoring trends in non medical prescribing activity, the Non Medical Prescribing Sub Group will receive quarterly updates, detailing:
• Total numbers of current non medical prescribers, by discipline.
• Number and details of additions to the database, including practitioners’ names, professions and areas of clinical practice.
• Number of deletions from the database.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

CPD is an important element of clinical governance, crucial to ensuring quality care and patient safety.

All non medical prescribers have a professional responsibility to keep themselves abreast of clinical and professional developments. All non medical prescribers will be expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of the relevant medicines. It is for each non medical prescriber to remain up-to-date with knowledge and skills to prescribe competently and safely.
Additionally, all non medical prescribers must reflect on their own prescribing practice on at least an annual basis. Prescribers should discuss this reflective exercise with their line manager or professional lead, e.g. as part of the PDP&R process. Where available, individual prescribers should access their own prescribing data to inform their reflection on prescribing practice.

To support practitioners to develop their prescribing roles in line with updates to legislation and NHS policy the Non Medical Prescribing Sub Group will provide all prescribers on the NHS Highland Non Medical Prescribers Database with such updates as they become available.

It is the responsibility of individual practitioners to keep themselves up-to-date with changes to legislation and NHS policy and to act upon changes relevant to their role. Practitioners must also meet the CPD requirements of their own professional body.

**Methods of Achieving CPD**

- Requisite education and training needs must be incorporated by the individual and with the agreement of their line manager into their KSF profile and Personal Development Plan (PDP).
- NES has developed a CPD competency framework for all qualified prescribers to support individual practitioners to maintain their skills and competencies. Individual teams or organisations can also use this template to record and identify learning.
- Practitioners must seek local mentoring opportunities and clinical supervision appropriate to their learning needs.
- Support from other professional colleagues is invaluable to non-medical prescribers, especially to those who are newly qualified. Many non-medical prescribers already have a buddy/mentor after qualifying: this could be a doctor, nurse or pharmacist. Opportunities for experienced prescribers to mentor non medical prescribers will increase, over time, as the number of non medical prescribers increases.
- Supplementary prescribing is also a useful mechanism to enable new non medical prescribers to develop expertise and confidence.
- Where a practitioner has had a significant period away from their prescribing role, e.g. on secondment or on maternity leave, upon return the practitioner’s line manager / professional lead should assess the practitioner’s appropriateness to recommence prescribing. The practitioner’s PDP should also be reviewed accordingly.
- Non medical prescribers should seek involvement in local non medical prescribing support groups. Where local support groups are not in place qualified non medical prescribers should aim to establish such a group. Where available, these support groups should have active involvement of the local Prescribing Support Pharmacist / Hospital Pharmacists.
- Pharmacy teams within CHPs have traditionally provided prescribing support and advice to GP practices. Where resource is available, non medical prescribers should seek support and advice from local Prescribing Support Pharmacists within their CHP.
- The following websites provide up-to-date information on non medical prescribing policy and practice.
  - National Prescribing Centre Non Medical Prescribing http://www.npc.co.uk/prescribers/nmp
  - Department of Health Non-Medical Prescribing Programme

- The following websites provide up-to-date information on clinical evidence and practice.
  - Highland Formulary
    OR
    Internet - www.nhshighland.scot.nhs.uk/Publications/Pages/HighlandFormulary.aspx
  - Evidence into Practice
    www.evidenceintopractice.scot.nhs.uk/home
  - SIGN (Scottish Intercollegiate Guidelines Network)
    www.sign.ac.uk
  - NHS Clinical Knowledge Summaries
    www.cks.nhs.uk
  - National Institute for Health and Clinical Excellence (NICE)
    www.nice.org.uk

- All non medical prescribers will be provided with copies of the following publications:
  - British National Formulary
  - British National Formulary for Children (if necessary within clinical role)
  - Highland Formulary
  - NHS Highland Wound Management Guidelines and Formulary

**PRESCRIPTION WRITING**

For guidance on both written prescriptions (including hospital charts) and computer generated prescriptions, including requirements for controlled drug prescriptions, refer to both Appendix 2 of the Highland Formulary and the “Guidance on Prescribing” section of the BNF.

Prescriptions should always be signed immediately after writing, and must never be written or printed off and signed in advance, and then stored for future use.

**RECORD KEEPING**

All health professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient’s care. A good record is one that provides in a timely manner all professionals involved in a patient’s treatment, with the information necessary for them to care safely and effectively for that patient. All records, including prescriptions must also adhere to the standards set down by the relevant professional bodies in relation to records and record keeping.

Members of the clinical team providing care to an individual patient must, wherever possible, utilise a single shared patient record in order to promote safe clinical practice, and ensure that all team members are continually updated on any prescribing interventions. However, it is recognised that there is wide variation in what may be described as a “shared patient record” and that patients access care from a wide range of practitioners who may work in different settings. Therefore it is incumbent on both individual practitioners and clinical teams to ensure that robust routes of communication are established and maintained.

The details of any prescription, together with other details of the consultation with the patient, must be entered into the shared patient record immediately, or as soon as possible after the
consultation. Only in very exceptional circumstances (e.g. the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription. This information must also be entered at the same time onto any other separate record(s) which may exist for that patient, e.g. nursing / pharmacy / AHP record.

Where non medical prescribers are working in paperless offices and clinics, and there are no paper records, the electronic data must be entered to comply with the aforementioned procedures. In hospital settings, details of every prescription may not be entered separately in hospital medical records but an individual prescription chart is eventually filed in the patient’s notes.

Where available, in both hospital and community settings, electronic records should be used, and prescriptions should be generated via these systems. Non medical prescribers may prescribe via computer-generated prescriptions provided the necessary software is available. A visible audit trail of prescribing actions must be maintained however and an existing prescriber’s details must never be tampered with.

To facilitate the timeous exchange of information within the multidisciplinary team related to a patient’s drug therapy (e.g. additions, deletions, dose changes, etc) the use of the NHS.net e-mail system or secure faxing is appropriate. Refer to guidance from the Scottish Office (Aug 1997).

Use of the NHS Highland Non Medical Prescribing – Change of Medication Notification form is recommended – see Appendix 2.

**PRESCRIBING AND DISPENSING / ADMINISTRATION**

Prescribing, dispensing and administering activities should be separated wherever possible. In exceptional circumstances where an NMP is involved in prescribing and dispensing / administration, a second suitably competent person should be involved in checking the accuracy of the medication.

Prescribers must not prescribe for themselves.

Prescribers should not prescribe for anyone with whom they have a close personal or emotional relationship, other than in exceptional circumstances, at all times maintaining an objective view of the patient’s interests.

Prescribers should only prescribe for patients they have assessed; they should not prescribe on behalf of a colleague.

**MONITORING AND AUDIT OF NON MEDICAL PRESCRIBING**

On publication of the Scottish Government document A Safe Prescription: Developing Nurse, Midwife and Allied Health Professional (NMAHP) Prescribing in NHS Scotland, the Non Medical Prescribing Sub Group will ensure implementation of the self-assessment tool.

The Non Medical Prescribing Sub Group will monitor non-medical prescribing by:

- Creating and maintaining a database of current and past non-medical prescribers.
- In conjunction with the Clinical Effectiveness Department will commission and review an audit of non-medical prescribing with all current non medical prescribers, to identify the benefits and barriers within prescribing practice.
• Receiving and reviewing collated clinical incident reports related to non-medical prescribing.

The introduction of PRISMS (Prescribing Information System for Scotland) has allowed prescription analysis and costing reports to be made available to Health Boards and individual practitioners. A wealth of information is available for all levels of organisations, including individual practitioner, GP practice, Locality, CHP, Board, and nationally. PRISMS can be utilised to analyse variations in prescribing practice in detail, allowing for trends to be identified and comparisons to be made. PRISMS can be utilised to facilitate audit of non medical prescribing.

At present there is no similar electronic system available for hospital prescribing, which can monitor prescribing to the level of individual practitioner. In hospital settings, it is expected that prescribing by the NMP will be reviewed by the consultant / consultant team who have responsibility for the patient’s care, utilising systems already in place for mentoring of junior medical staff.

NHS Highland Pharmacy Services have developed, on PRISMS, a generic, quarterly prescribing report for non medical prescribers. Individual practitioners must access their own report on a quarterly basis, either through their local prescribing support pharmacist or, preferably, through accessing the PRISMS system themselves. This report will supply individual practitioners with feedback on their prescribing.

Each individual NMPs direct Professional Lead / Team Leader must also monitor the prescribing practice of non medical prescribers in their team on a quarterly basis. PRISMS reports for individual teams in primary care can be generated using the PRISMS system. CHP Lead Pharmacists can support the development of these reports and local arrangements should be agreed for the provision, review and feedback on prescribing practice. Professional Leads / Team Leader will provide feedback to CHP Lead Nurse / Pharmacist / AHP regarding any issues which have arisen in their area. In return the CHP Lead Nurse / Pharmacist / AHP will inform the relevant Prescribing Lead for their discipline.

In addition, the membership of the Non Medical Prescribing Sub Group will have access to PRISMS data related to non medical prescribing activity. This will enable the production of a non medical prescribing report to ADTC in relation to the scope and trends of non medical prescribing.

**FINANCIAL ACCOUNTABILITY**

Before prescribing begins, non medical prescribers should ensure they have agreement from the relevant budget holder, for their prescribing costs to be allocated to a prescribing budget. In primary care settings, prescribing costs for individual patients will normally be assigned to that patient’s GP practice. In hospital settings, prescribing costs for individual patients will normally be assigned to the ward / department responsible for that patient’s treatment.

The cost of prescribing to the NHS continues to increase year-on-year, as does the number of prescriptions being written. It is the responsibility of each non medical prescriber to always consider the cost of any items being prescribed in order to optimise the use of NHS resources. In order to avoid unnecessary waste, practitioners also need to consider the quantities of drugs / appliances they prescribe.

To facilitate cost effective prescribing, non medical prescribers should:
• Prescribe, as far as possible, from those medicines listed in the Highland Formulary, NHS Highland Wound Care Guideline and Formulary, and follow local treatment guidelines.
• Prescribe, where practical, a drug by the generic name. There are occasions when generic prescribing is not appropriate, e.g. modified release preparations, combination products, dressings and wound management products, etc.
• Only prescribe where there is a genuine clinical need for treatment and in quantities that will minimise the potential for wastage of medicines.

As part of their (at least) annual reflection on their prescribing practice, non medical prescribers should also consider the cost-effectiveness of their prescribing and consider ways of how this could be improved.

DEALING WITH CONCERNS REGARDING A PRESCRIBER’S CAPABILITY
Any concern regarding the capability of an individual practitioner to prescribe safely should be brought to the attention of their line manager who should seek advice from the relevant Hospital / CHP Lead Nurse, Hospital / CHP Lead AHP or Hospital / CHP Lead Pharmacist. In turn, the relevant Hospital / CHP lead should seek the advice of the relevant discipline specific prescribing lead. Authority to prescribe within NHS Highland should be suspended and a full investigation carried out. All prescription pads should be removed from the practitioner and returned to either:
5. For North & West and Inner Moray Firth Operational Units – PA to Lead Nurse, Alder House, Cradlehall Business Park, Inverness, IV2 5GH.
• For Argyll & Bute – Secretary to CHP Lead Nurse, Aros, Lochgilphead, PA31 8LB.
• The hospital pharmacy department for hospital based practitioners.

The prescribing database will be amended accordingly.
Concerns regarding nurse / AHP non medical prescribers, or suspensions in prescribing practice should also be brought to the attention of the Discipline Specific Prescribing Lead. Concerns regarding pharmacist non medical prescribers, or suspensions in prescribing practice, should also be brought to the attention of the Director of Pharmacy.

Re-instatement of prescribing authority can only be given following a full investigation and with the agreement of the Discipline Specific Prescribing Lead or Director of Pharmacy.

Discipline specific prescribing leads will bring to the Non Medical Prescribing Sub Group anonymised summaries of issues of concern and suspensions of individual non medical prescribers. The Sub Group will use these summaries to identify training / education needs, required changes to policy / guidance and support mechanisms.

ADVERSE DRUG REACTIONS
All known sensitivities should be recorded by the non medical prescriber in the appropriate section of the in-patient prescription chart and/or patient’s case notes if not already noted.
Drugs may produce unwanted or unexpected effects, which are referred to as (ADR’s). All categories of prescribers should be aware of the Yellow Card Adverse Reactions Reporting Scheme should a patient suffer an adverse reaction. Any suspected ADR should be recorded in the patient’s notes and the clinical team alerted.

If a patient suffers a clinically significant suspected adverse reaction to a medicine, the adverse reaction should be reported via the Yellow Card Scheme. Information about the
GIFTS AND BENEFITS
The advertising and promotion of medicines is strictly regulated under the Medicines Advertising Regulations 1994. It is important that all non medical prescribers make their choice of medicinal and other prescribable products for their patients on the basis of evidence, clinical suitability and cost effectiveness alone.

Non medical prescribers must maintain a 'register of interests' within their personal portfolio and produce this on request, if required, for audit purposes.

As part of the promotion of medicinal and other prescribable products, suppliers may provide inexpensive gifts and benefits, for example pens, diaries or mouse mats. Personal gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement. Companies may also offer hospitality at a professional or scientific meeting or at meetings held to promote medicines, but such hospitality should be reasonable in level and subordinate to the main purpose of the meeting.
BIBLIOGRAPHY

National Prescribing Centre (NPC) (February 2005). *Training Non Medical Prescribers in Practice. A guide to help doctors prepare for and carry out the role of designated medical practitioner.*

NHS Highland (April 2009). *NHS Highland Risk Management Policy*


Scottish Executive Health Department (Sept 2006). *Guidance for Nurse Independent Prescribers and Community Practitioner Nurse Prescribers in Scotland*


Appendix 1
Non Medical Prescribing – Clinical Management Plan Template

<table>
<thead>
<tr>
<th>Medical problem</th>
<th>Goals of therapy</th>
<th>Details of medicines that may be prescribed by SP</th>
<th>Monitoring</th>
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<th>Guidelines or protocols supporting CMP</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Agreed by Independent Prescriber
Name: ____________________________
Date: ____________________________

Agreed by Supplementary Prescriber
Name: ____________________________
Date: ____________________________

Agreed with Patient
Date: ____________________________

Date of Commencement: ____________

Frequency of review by Independent prescriber: ____________________________

Frequency of review by supplementary prescriber: ____________________________

Shared record to be used by IP and SP

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Policy Reference: id1005
Prepared by: Non Medical Prescribing Sub Group of ADTC
Lead Reviewer: Chair and Professional Secretary of Non Medical Prescribing Sub Group of ADTC
Authorised by: Non Medical Prescribing Sub Group of ADTC
Date of Issue: August 2016
Date of Review: August 2018
Version: 8
Page 27 of 28
### Appendix 2
### Non Medical Prescribing – Change of Medication Notification

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB / CHI Number</th>
</tr>
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<td>GP / Consultant</td>
<td>GP Practice / Hospital</td>
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#### Current Medication Stopped

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<th>Dose</th>
<th>Frequency</th>
<th>Route</th>
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#### New Medication / Change to Current Medication

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<th>Dose</th>
<th>Frequency</th>
<th>Route</th>
<th>Date Started / Changed</th>
<th>Indication</th>
<th>Prescriber Signature</th>
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**Comments:**

Prescriber Name:

(PLEASE PRINT)

Designation:

Contact Tel No:

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Warning – Document uncontrolled when printed

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<th>Policy Reference: id1005</th>
<th>Date of Issue: August 2016</th>
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<td>Prepared by: Non Medical Prescribing Sub Group of ADTC</td>
<td>Date of Review: August 2018</td>
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<td>Lead Reviewer: Chair and Professional Secretary of Non Medical Prescribing Sub Group of ADTC</td>
<td>Version: 8</td>
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<td>Page 28 of 28</td>
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