

# Non-medical Prescribing Policy for use in General Practice

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The purpose of this document is to:

- Summarise national and local guidance regarding non-medical prescribing in General Practice Clarify local interpretation of said guidance
- Describe a model of implementation that encompasses legal requirements and “good practice”

### Document revision history

Date	Version	Revision	Comment	Author / Editor
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### Document approval

Date	Version	Revision	Role of approver	Approver

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## 1. Introduction - The History of Non-Medical Prescribing

The Department of Health introduced nurse prescribing nationally for District Nurses and Health Visitors in England in December 1998. The Nurse Prescribers' Formulary for Community Practitioners (until 2005 called the Nurse Prescribers' Formulary for District Nurses and Health Visitors) enabled community practitioner nurse prescribers to prescribe from a formulary of appliances, dressings and some medicines for patients in the community.

In 1999, the Review of Prescribing, Supply and Administration of medicines group recognised the potential benefits to patients of extending prescribing responsibilities to healthcare professionals other than doctors, dentists and the then small number of district nurse and health visitor prescribers. As a result, a wider list: the Nurse Prescribers' Extended Formulary (NPEF) was introduced in 2002.

In April 2003, the Government enabled nurses and pharmacists to train to become supplementary prescribers (SP), where Supplementary prescribing is a voluntary prescribing partnership between an independent prescriber and a supplementary prescriber, to implement an agreed patient specific clinical management plan. More recently, this has been expanded to include other health care professionals: physiotherapists, radiographers, chiropodists/podiatrists and optometrists.

By May 2005, the NPEF included around 240 Prescription Only Medicines (POMs), together with all Pharmacy and General Sales List medicines prescribable by GPs. However, an evaluation of nurse prescribing concluded that the limits of the NPEF restricted benefit to patients and efficient NHS practice and that updating it was a long and resource intensive process. Furthermore, SP could not be used in all settings where patients would benefit, e.g. emergency care and first contact care.

In November 2005, it was announced that following Committee on Safety of Medicines recommendations, suitably trained and qualified nurses and pharmacists would be able to prescribe any licensed medicine for any medical condition within their competence.

In 2006 regulations allowed pharmacists and nurses to practice as Independent Prescribers and to prescribe, within their areas of competencies, licensed Prescription Only Medicine (POM), Pharmacy medicine (P) & General Sales List medicine (GSL) on FP10 prescriptions. Nurses can also undertake training to become community practitioners.

Since changes to legislation in April 2012, a variety of health professionals including Nurse and Pharmacist independent prescribers are able to prescribe controlled drugs (CDs) in schedules 2, 3, 4 and 5. This applies to all CDs, with the exception of diamorphine, dipipanone or cocaine when they are being used for the treatment of addiction.

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Non-medical prescribing can improve patient care by ensuring timely access to medicines and treatment for patients who would otherwise have to wait to see a doctor; it also releases doctors to care for patients with more complex health care needs.

This Policy explains how non-medical prescribing operates within City and Hackney Clinical Commissioning Group (C&H CCG).

## 2. Scope of this Policy

This policy applies to all activities related to non-medical prescribing undertaken by Non-Medical Prescribers (NMPs) employed within GP practices across C&H CCG. This includes Nurse Independent / Supplementary Prescribers and Pharmacist Independent / Supplementary Prescribers.

This policy aims to provide information and advice for all NMPs, however some sections are specific to the **type** of prescriber, namely:

1. **Community Practitioner Nurse** Prescriber (formerly known as District Nurse /Health Visitor prescriber)
2. **Supplementary** Prescriber
3. **Independent** Prescriber

The majority of NMPs in C&H CCG are nurses or pharmacists. Hence, this document (though relevant to other professionals eligible to become a SP) will concentrate mainly on these disciplines. Physiotherapists, radiographers, chiropodists/podiatrists and optometrists should contact their line management for further advice or assistance.

## 3 Aims and Objectives

The aim of this policy is to promote legal, safe and effective non-medical prescribing and to support the development and implementation of non-medical prescribing throughout the CCG.

Extension of prescribing responsibilities to non-medical professions aims to:-

- Improve patient care without compromising patient safety;
- Make it easier for patients to get the medicines they need;
- Increase patient choice in accessing medicines and introduce voluntary partnerships to include the patient as a partner in their care;
- Make better use of the skills of health professionals;
- Contribute to the introduction of more flexible team working across the NHS
- Improve communication between all prescribers

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The aims of this policy are to:

- Cover the registration, practice and clinical governance of all non-medical prescribers;
- Provide clear guidance to support Non-Medical Prescribers (NMPs) in prescribing safely, efficiently, cost effectively and within their area of competence.
- Define the process for the implementation of NMP within the CCG

This policy should be read in conjunction with other local policies (available on the C&H CCG) intranet site) and relevant professional body's guidance on non-medical prescribing and medicines management

- Standards for Medicine Management Nursing & Midwifery Council
- General Pharmaceutical Council (GPhC 2010)
- Health Profession Council

## **4. Responsibilities of Staff involved in Non-Medical Prescribing**

### **4.1 Non Medical Prescriber**

- The NMP must act in accordance with the standards set by their registering and professional body for prescribing and comply with their registration requirements.
- Provide accurate details of the NMP to register with the medicine management team prior to them starting in the post;
- The prescribers must act within their own professional competence and expertise when prescribing and work in line with local guidance (or evidence-based national guidance approved locally e.g. NICE) and ensure that they provide appropriate, evidence based, safe, cost effective prescribing to their patients/ clients at all times in line with the local formulary;
  - Prescribers may prescribe the same item on more than one occasion if it is deemed clinically appropriate. Prescriptions may be either handwritten or computer generated and must be signed and dated by the prescriber. Ensure that prescriptions are written legibly and legally
  - Prescribe for patients registered with GP practices for whom the clinical commissioning group has set the NHS prescribing budget
  - Prescribe for visitors if they are temporarily registered with a GP practice within the CCG
  - Prescribe for travellers where this forms part of the prescribers roles and responsibilities and is included in their job description

Controlled Drugs must only be prescribed in accordance with the current legislation and best practice where there is a clinical need. Prescribers should not routinely prescribe and administer controlled drugs. In exceptional circumstances where a non-medical prescriber is involved in both prescribing and administering a patient/client's controlled

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drug, a second suitably competent person should be involved in checking the accuracy of the medication provided.

- Check medicine management updates including drug safety updates on the GP Intranet regularly;
- Accountability will also include decisions taken to recommend “over the counter” items and for the decision not to prescribe;
- Work in line with policies and guidelines ratified by their employing organisation including prescribing incentive schemes and the prescribing dashboard;
- Utilise prescribing software such as Scriptswitch;
- Maintain a portfolio of their Continuing Professional Development & identify individual training needs with the relevant employing practice/line or commissioning manager. It is the responsibility of the individual NMP to ensure they remain up to date on therapeutics in the field of their prescribing practice and on changes in national and local prescribing policy. Guidance for prescribing practice and relevant standards are outlined by the NMC (for nurses)GPhC (for pharmacists), Health and Care Professions Council (for physiotherapists, radiographers, chiropodist and podiatrist)
- To support all prescribers to prescribe effectively a single prescribing competency framework has been developed by the Royal Pharmaceutical Society (RPS). Prescribers should use the RPS Prescribing Competency Framework to:
  1. Help healthcare professionals prepare to prescribe and provide the basis for on-going continuing education and development programmes, and revalidation processes. For example, use as a framework for a portfolio to demonstrate competency in prescribing.
  2. Help prescribers identify strengths and areas for development through self-assessment, appraisal and as a way of structuring feedback from colleagues
  3. Inform the design and delivery of education programmes, for example through validation of educational sessions (including rationale for need), and as a framework to structure learning and assessment
- Provide professional organisations or specialist groups with a basis for the development of levels of prescribing competency, for example, from recently qualified prescriber through to advanced prescriber
- Include an accurate summary of prescribing responsibilities in the practitioners’ job description;
- NMPs must ensure that patients are aware they are being treated by a NMP and the scope of their prescribing practice may mean referral onto another health care professional if necessary.
- The prescriber must be able to justify any action or decision not to act, taken in the course of their professional practice;
- Conduct an audit and review of prescribing annually, including an update of the scope of practice, usually at the appraisal, reflecting any change in clinical areas of responsibility and changing competencies. Details of your prescribing can be

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provided upon request by contacting the CCG Non-medical prescribing lead/Medicines Management team;

- It is recommended that each NMP updates the employing practice or their line / commissioning manager by completing the 'Activity Review and Scope of Practice Agreement' (Appendix 1) on an annual basis or as any changes to practice/ prescribing occur.
- NMPs are required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care
- The role of other persons in the delivery of health care to service users must be recognised and respected;
- NMP's must be able to recognise and deal with pressures (e.g. from the pharmaceutical industry, patients, or colleagues) that might result in inappropriate prescribing (DOH April 2006) and act accordingly.

It is strongly advised that non-medical prescribers should avoid prescribing for themselves, and close family members, as a matter of good medical practice and common sense – judgment may be impaired and important clinical examination may not be possible. Further advice must be sought from the relevant regulatory body.

Guidance for prescribing practice and relevant standards are outlined by the NMC (for nurses) and the GPhC (for pharmacists) and can be accessed via the following web addresses below:

- <http://www.nmc-uk.org>
- <http://www.pharmacyregulation.org>

#### **4.2 GP Practice/Line/Commissioning Manager**

As the employing practice/commissioning manager has a legal responsibility for the quality of care and patient safety, they must ensure:

- the NMP has the adequate skills and knowledge to carry out the role
- the NMP is registered with the NHS Business Services Authority (NHSBSA)
- include an accurate summary of the NMP's prescribing responsibilities within the job description/service level agreement
- Providing accurate details of the NMP to register with the Medicine Management Team (MMT) prior to prescribing
- Complete regular appraisal of prescribing responsibilities
- Support appropriate Continuing Professional Development (CPD).

It is recommended that during annual PDRs (professional development reviews) or the equivalent contract review, an activity and scope of practice review is conducted (see Appendix 1) this will include:

- an outline of clinical responsibility



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- evidence of competency as described in the Single Competency Framework for all Prescribers.

### **4.3 CCG NMP Lead**

The NMP lead will provide leadership for and have oversight of:

- NMP educational events
- NMP prescribing trends
- Fitness to practice requests from NHS England (NHSE)
- Cascading information from the Department of Health (DoH) about changes relating to NMPs.
- Registration of NMPs with the NHSBSA
- Collaborative working with higher education institutes
- Signing off the funding/application for the training and development of an NMP

### **4.4 The Medicines Management Team are responsible for:**

- Conducting the governance process surrounding the registration and validation of the NMP employed by the practice.
- Registration with the NHSBSA and being linked to a GP practices/s.
- Maintenance of the NMP database containing registration details, date of registration, registration number, practice/s they may work in, date employment started in the practice/s, details of lead GP clinician, details of scope of competence etc.
- Monitoring of prescribing and responding to prescribing/fitness to practice requests from the NHS England Local Area Team.
- Analysis of prescribing profile is conducted as part of the practice reviews.

## **5. Professional Indemnity**

It is advisable that NMPs obtain professional indemnity by means of their membership with a professional organisation or Trade Union.

## **6. Clinical Governance in Prescribing**

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.

Employers have a duty to ensure that those training to prescribe are supported through their training programme by:

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- Ensuring arrangements are in place for assessment of practice, clinical supervision, audit, and continuing professional development
  - Developing a risk management plans – this will ensure that potential risks associated with extending clinical practice are recognised and mitigated
  - Ensuring that the agreed scope of the practice of the NMP are agreed with the lead GP clinician in the practice. The NMP’s clinical supervisor should use clinical supervision arrangements or equivalent as an opportunity for reflection on prescribing, as well as other aspects of practice. The model of clinical supervision should be agreed between the NMP and their line manager.

For any safeguarding or child protection concerns, please refer to C&H’s Safeguarding Children and Young People Policy and your organisation’s Safeguarding Adults Policy. These will include issues identified around obtaining consent and the Mental Capacity Act. For any patient safety concerns or incidents please report to your Line Manager in the first instance and refer to the National Serious Incident Framework (March 2015). This document should be read in conjunction with the NHSE revised Never Events Policy and Framework (March 2015)

### **6.1 Independent/Private sector**

Nurse and Pharmacist Independent Prescribers who work outside NHS settings where clinical governance systems may be different or may not be applied in the same way, must ensure they comply with requirements to demonstrate their competence to practice. For example, they must be able to show how they audit their practice, keep up-to-date with current guidance, and how they safeguard the patients in their care.

## **7. Training**

Health Education North Central and East London (HE NCEL) has responsibility for ensuring high quality education and training is provided to all health professionals and can support in the training of a non-medical prescriber. Details of HE NCEL are:

Health Education North Central and East London 4th Floor, Stewart House 32 Russell Square London, WC1B 5DN

For further information: <https://hee.nhs.uk/hee-your-area/north-central-east-london/news-events>  
For general enquiries, please contact [info.ncel@hee.nhs.uk](mailto:info.ncel@hee.nhs.uk)

City and Hackney CCG may consider providing training and support to NMPs through nurse or practice forums. This will be the responsibility of the CCG NMP lead.

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## 8. Process for Registering an NMP

The CCG's NMP lead has responsibility for overseeing the process of registering the patient with the NHSBSA. The NMP is required to complete the 'Non-Medical Prescriber Joining a GP practice or cost centre' form and forward to the NMP lead for registration. (See appendix 3)

### 8.1 Newly Recruited NMPs

- Qualified NMPs recruited into the CCG to posts that require them to prescribe, will be required to provide evidence of their authority to prescribe. It is the responsibility of the employing practice to check the registration & qualifications of the NMP with the authorised regulatory body. Certificates providing evidence of qualifications and CPD portfolio should be requested by the practice. A sample signature of the NMP should be obtained and kept on file.
- The NMP must arrange to visit the Medicines Management Team with the paperwork listed in Appendix 2 (Standard operating procedure (SOP) for registering a NMP).
- It is recommended that NMPs complete the 'Activity Review and Scope of Practice' form (Appendix 1) to declare their competence to prescribe, eligibility to prescribe and define their scope of prescribing practice. This form should be authorised by the line manager or senior clinician of the practice.
- The NMP is required to complete the 'Non-medical prescriber joining a GP practice or cost centre' form (Appendix 2) and forward to the Non-medical prescribing lead who will register the NMP with the NHS Business Services Authority. When registration is completed the NMP is able to prescribe.
- NMP joining a new organisation form should be completed for new NMPs. NMP leaving an organisation notification form would only need completion where the NMP left a practice to join a new practice. This will prevent inappropriate prescription charges being made to the leaving practice.
- Change in details of non-medical prescriber form would only need completion where there has been a change in the personal details of the NMP such as a change in qualifications or a name change.
- The delegated member of the medicines management team will complete and sign the relevant form as the authorised signatory and email it to the NHSBSA. Once confirmation has been received from the PPD, the applicant/ NMP must be informed in order that they can start prescribing.
- The MMT/NMP Lead will keep a register of NMPs currently prescribing in the CCG.
- It is the responsibility of the employing practice to advise the medicine management team of any change in a NMP leaving or joining their practice.

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## 8.2 Existing Non-Medical Prescribers

To provide on-going assurance of their authority to prescribe, all existing NMPs are required to inform their employing organisation/line / commissioning manager if their job role changes, or if they acquire new skills and knowledge that would affect their prescribing practice.

Therefore they are required to:

- discuss at annual PDRs of any change in practice that could affect their prescribing practice
- it is recommended that the 'Activity Review and Scope of Practice Agreement' form (Appendix 1) is completed as part of the PDR.
- attend at least one of the CCG's non-medical prescribing updates each year (or equivalent).

## 8.3 Authority to Prescribe

Only qualified NMPs who are authorised by their employing organisation and following notification to the NHSBSA are registered to prescribe. All NMPs will be required to provide evidence of their:

- eligibility to prescribe
- registration that they are on their professional body's register
- competence and scope of practice to prescribe

Non-medical prescribers are accountable for their own actions and must practice within their scope of practice and undertake further training to expand their scope of practice as necessary.

- Nurses must act within the Nursing & Midwifery Council's Code of Professional Conduct, Standards and Ethics
- Pharmacists must act within the General Pharmaceutical Council's Standards of Conduct, Ethics and Performance
- Physiotherapists must act within the standards laid down by the Health and Care Professionals Council

## 9. Care in Prescribing

### 9.1 Generic Prescribing

All NMP's are reminded to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name.

### 9.2 Unlicensed Medicines

NMPs may prescribe unlicensed medications within their competence, on the same basis as doctors but should only consider prescribing an unlicensed preparation when

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there is no licensed alternative. They will however accept full professional, clinical and legal responsibility for that prescription.

In order to do so the following conditions must be met:

- You are satisfied there is sufficient evidence base to demonstrate its safety and efficacy;
- You should explain to the patient in broad terms why the medicines are not licensed for their proposed use;
- Where a patient is unable to agree to such treatment, the prescriber should act in accordance with best practice in the given situation and within the policy/formulary of the organisation.
- You must make clear, accurate, and legible record of all medicines prescribed and the reason for prescribing off-label;
- Local policies for off-label medicines should be approved through mechanisms such as drug and therapeutic committee.

Supplementary prescribers may prescribe products used outside their UK licensed indications. Any use of a medicine outside its product license must have the joint agreement of both the supplementary and independent prescribers and the status of the drug should be recorded in the clinical management plan.

### **9.3 Adverse Drug Reactions and Incidents**

If a NMP suspects that a patient is/has experienced an adverse drug reaction (ADR) to a prescription only medicine (POM), over the counter (GSL), pharmacy only (P), herbal medicine or combination of medicines, they should inform the GP responsible for the patient's continuing care and follow local policy with regard to incident reporting. The NMP should evaluate the suspected adverse drug reaction(s) in accordance with the guidance issued by the Committee on Safety of Medicines (CSM) and decide if he/she needs to complete a "Yellow Card" to notify the CSM of a suspected adverse drug reaction. Hard copies of the form can be found at the back of the BNF, electronic copies can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk) . If an appliance or dressing is involved in an adverse incident then it must be reported to the Medicines & Healthcare products Regulatory Agency (MHRA).

### **9.4 Controlled Drugs**

Following the outcomes of the Shipman enquiry, there have been a number of significant changes to the rules regarding the management and use of controlled drugs. All health and social care organisations are accountable for ensuring the safe management of controlled drugs and will be subject to monitoring of controlled drug prescribing as part of the regular prescribing review.

For guidelines on the prescribing of Controlled Drugs, healthcare professionals should refer to:

- Guidance from their respective professional bodies

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- ‘A guide to the good practice in the management of controlled drugs in primary care (England) [http://www.npci.org.uk/cd/public/docs/controlled\\_drugs\\_third\\_edition.pdf](http://www.npci.org.uk/cd/public/docs/controlled_drugs_third_edition.pdf)
  - Part XVIIIB of the Drug Tariff
  - Department of Health guidance available on the two sites below:  
<https://www.gov.uk/search?tab=detailed-results&q=controlled+drugs+prescribing>  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214915/15-02-2013-controlled-drugs-regulation-information.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214915/15-02-2013-controlled-drugs-regulation-information.pdf)

Key points to note are:

- The quantity of any controlled drug prescribed (excluding those in schedule 5) should not exceed 28 days’ supply per prescription. A new prescription is required where a patient/client has a continuing clinical need.
- You must not prescribe a controlled drug for yourself and may only prescribe a controlled drug for someone close to you if no other person with the legal right to prescribe is available and only then, if that treatment is immediately necessary to:
  - Save life
  - Avoid significant deterioration in the patient/clients health.
  - Alleviate otherwise uncontrollable pain.

You must be able to justify your actions and document your relationship and the emergency circumstances that necessitated you prescribing a controlled drug for someone close to you.

### **9.5 Repeat Prescribing**

NMPs may issue a repeat prescription, but they do so in the knowledge that they are responsible as the signatory of the prescription and are professionally accountable for their practice. Before signing a repeat prescription the NMP must be satisfied that:

- It is safe and appropriate to do so and that secure procedures are in place to ensure that the patient /client are issued with the correct prescription.
- Each prescription is regularly reviewed and is only re-issued to meet clinical need.
- A regular review takes place, usually at either 3 to 6 monthly intervals or in line with practice prescribing policy.
- Suitable provision is in place for monitoring each patient/client’s condition.

### **9.6 Private Prescriptions**

NMPs may issue private prescriptions for any licensed medicines that they are competent to prescribe.

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## 9.7 Electronic Prescriptions

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

Prescriptions electronically sent to the NHS spine for access by the dispensing pharmacy, must be authorised by the prescriber and this is represented by the electronic signature.

- The signature must not be used by any other person than the authoriser.
- The practice must have a robust protocol for the electronic issue of prescriptions including repeat dispensing which meets clinical governance and risk management issues.
- Currently, EPS may not be used for Controlled Drugs

The CCG will ensure that any anomalies noted during the monitoring of a Non-Medical Prescriber's electronic prescribing data, are highlighted to the Non-Medical Prescriber and the CCG Non-Medical Prescribing Lead.

## 10 General Principles and Good Practice for Non-Medical Prescribers

### 10.1 Issuing Prescriptions

An independent prescriber can only issue a prescription for a patient whom they have assessed for care and should only write or print on a prescription bearing their own unique prescriber number. In addition supplementary prescribers should only prescribe for a patient who has an agreed CMP. Staff qualified to prescribe should not issue prescriptions on behalf of colleagues. Accountability for the prescription rests with the NMP who has issued the prescription.

### 10.2 Ordering Prescription pads

**Practice based NMP:** the practice that the NMP is based in will be able to enter the details of the NMP onto the EMIS web system, which will generate prescriptions with the NMP's registration number and have the practice code on the prescription. Where this is not possible due to different IT systems used in practices, the medicines management team will be able to order prescription pads on behalf of the practice on request.

**NMP working across more than one practice:** the NMP must ensure that they enter the correct prescribing code for the individual practice. If the work is part of a commissioned service by the CCG, the NMP must use a cost centre code that the NHSBSA have assigned to that service; this can be validated with the NHSBSA when required.



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**Replacement prescription pads:** On the rare occasion, where the practice is not able to set the non-medical prescriber on to the practice system, the practice can contact Primary Care Support England to order pre-printed prescription pads.

**Please note:** The prescription pads can take up to 3 weeks to arrive. Private prescription and controlled drug prescription pads will need to be ordered by the practice by contacting:

**Primary Care Support England**

[pcse.enquiries@nhs.net](mailto:pcse.enquiries@nhs.net)

<http://pcse.england.nhs.uk>

Telephone: 0333 014 2884

### **10.3 Writing Prescriptions**

When possible, prescriptions should be computer generated.

### **10.4 Legal and Clinical Liability**

All NMPs and employers of NMPs should ensure that the NMP has adequate professional indemnity insurance to cover prescribing activity. Each NMP is professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person.

### **10.5 Record Keeping**

All health professionals are required to keep accurate, legal, unambiguous and contemporaneous records of a patient's care. Details of the prescription and any consultation with the patient should be entered onto the patient's care record at the time of the event or as soon as possible after the event.

### **10.6 Prescribing for Self, Family, Friends and Colleagues**

NMPs must not prescribe for themselves, and should avoid prescribing for family, friends and colleagues. Where it is necessary to prescribe for friends, family or colleagues this should only be undertaken in the context of that friend, relative or colleague being seen in a professional capacity e.g. where a friend, family or colleague is also a registered patient.

### **10.7 Confidentiality of Prescriptions**

NMPs should ensure the confidentiality of the prescriptions they write and adhere to the principles of the [The NHS Confidentiality Code of Practice](#) and Caldicott Principles at all times.



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## 10.8 Prescription Form Security

The prescription pad remains the property of NHS City and Hackney CCG at all times (refer to the Records Management Code of Practice for Health and Social Care 2016)

It is the responsibility of the non-medical prescriber' to ensure the security of the pad and disciplinary action may be taken if the prescriber' has not kept the prescription pad in a safe place. When travelling between patients, the prescription pad must not be visible and must be locked in the car boot. The prescription pad **must always** be removed from the car when the car is unattended. During times of sickness or annual leave the pad must be stored in a locked safe place.

Monitoring and tracking of forms has been made easier through the introduction of bar codes with serial number data on the boxes containing the FP10SS prescription forms.

## 10.9 Stolen prescriptions

In the event of a loss or suspected theft of prescription form stock, the non-medical prescriber or staff member should notify the designated person with overall responsibility for prescription forms at the organisation, the lead Controlled Drugs Accountable Officer (CDAO) of the Local Area Team (if applicable) and the police as required. They should also notify NHS England (London region) Area Team in line with the locally agreed process.

The NHS Protect "Security of Prescription Form Guidance 2015" document should be referred to: [https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/Security\\_of\\_Prescription\\_forms\\_Updated\\_August\\_2015.pdf](https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/Security_of_Prescription_forms_Updated_August_2015.pdf)

The matter should also be recorded as a security incident on the organisation's incident reporting system and the local notification/alert process initiated. The Missing/lost/stolen prescription notification form attached at annex B of the Security of Prescription Form Guidance document should be completed and emailed to NHS Protect at [prescription@nhsprotect.gsi.gov.uk](mailto:prescription@nhsprotect.gsi.gov.uk) to notify them of the incident. The completed form may be submitted either by the NMP, the NMP Line Manager, the NMP Lead or the Local Security Management Specialist (LSMS). If completed by organisation staff, it should be forwarded to the organisation's designated individual, nominated security specialist or LSMS to be submitted to NHS Protect. This is to ensure that they are aware of the incident and can initiate an investigation if required.

The following information will be required by NHS Protect and is featured on the notification form in annex B of the Security of Prescription Form Guidance Document 2015:

- date and time of loss/theft
- date and time of reporting loss/theft
- place where loss/theft occurred
- type of prescription stationery

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- serial numbers
  - quantity
  - details of the designated individual, nominated security specialist or LSMS (if applicable) to whom the incident has been reported.

The completed notification from annex B is then sent to NHS Protect by email for addition to the NHS Protect Database:

Email: [prescription@nhsprotect.gsi.gov.uk](mailto:prescription@nhsprotect.gsi.gov.uk)

The prescriber whose stock has gone missing should be instructed to write and sign all newly issued prescription forms in a particular colour (normally red) for a period of two months. The organisation should inform all pharmacies in the area and adjacent CCGs of the name and address of the prescriber concerned, the approximate number of prescription forms missing or stolen, serial numbers (if known) and the period for which the prescriber will write in a specific colour.

It is also important that organisations inform all pharmacies in their area and adjacent NHS England area teams of the name and address of the prescriber concerned, the approximate number of prescription forms stolen, serial numbers (if known) and the period within which the prescriber will write in a specific colour. This will normally be put in writing within 24 hours with the exception of weekends.

If stolen/missing prescriptions are found the Medicines Management Lead and the Police should be notified as soon as possible. Prescriptions that have been reported as stolen/missing and are then found cannot be used and must be returned to the line manager concerned for shredding as per local procedures.

Prescription pads must be returned to the relevant Line Manager before their last day of employment.

Contact Details for NHS Protect:

NHS Protect  
Fourth Floor, Skipton House,  
80 London Road,  
London, SE1 6LH  
Telephone: 020 7895 4500  
Email: [generalenquiries@nhsprotect.gsi.gov.uk](mailto:generalenquiries@nhsprotect.gsi.gov.uk)  
Web: [www.nhsbsa.nhs.uk/Protect.aspx](http://www.nhsbsa.nhs.uk/Protect.aspx)

## 11. Gifts and Benefits

Please refer to the Conflict of Interest policy.

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## **12. Meeting Representatives from the Pharmaceutical Industry**

Please refer to the C&H CCG Corporate Policy and Guidance for: Joint Working with the Pharmaceutical Industry and Sponsorship

## **13. Free Samples**

NMPs should not accept or use free samples or starter packs. Representatives who wish to provide samples or starter packs should be referred to the NMP lead/MMT. Gifts of minimal value may be accepted e.g. pens, diaries, post-it pads.

Please refer to the C&H CCG Corporate Policy and Guidance for: Joint Working with the Pharmaceutical Industry and Sponsorship

## **14. Contacts for Help & Support**

CCG Medicines Management Team:

Tel: 0203 816 3224

Email: [cahccg@cityandhackneymedicines@nhs.net](mailto:cahccg@cityandhackneymedicines@nhs.net)

## Appendix 1

**Intention To Prescribe: Scope Of Practice Agreement**

To be completed by all non-medical prescribers: independent, supplementary and community formulary prescribers

Name:.....  
 Date:.....  
 Job  
 title:.....  
 Base/Practice:.....  
 ....  
 NMC PIN & Expiry (for Registered  
 Nurses).....exp:.....  
 Date prescribing qualification registered with professional body and which prescribing  
 qualification is held:  
 .....

Please complete form electronically, enlarging where necessary, then print and sign

Disease area to be prescribed for and/or types of medicines to be prescribed:	Evidence of competence to prescribe in this area:	Recent CPD supporting prescribing in this area: (include dates)	Please state guidelines or attach protocols worked to

How do you intend to audit your prescribing?	Inactive prescriber	
Do you receive clinical supervision? <b>Yes</b> If 'yes', please give details type/frequency etc.	N/A- see above	
<b>Prescribing CPD Requirements</b>		
Area of CPD identified <b>e.g.</b> <i>Prescribing for the elderly, dilemmas, electronic prescribing</i>	How you are going to address this? <b>e.g.</b> <i>through training, shadowing, supervised practice etc.</i>	Date this CPD needs to be met.

**My intended scope of practice has been discussed with the practice GP prescribing lead/clinical manager.**

Independent/Supplementary Prescriber signature:  
.....

GP lead/Clinical Manager (print name)  
signature:.....

This Agreement must be updated, on an annual basis or when the prescriber's scope of practice changes.

## Appendix 2

### SOP for registration of a NMP

Requirement	By whom	Action
Qualifications of NMP checked, include all certificates, registration with NMC	The employing practice	Photocopies kept in NMP personel file and a set emailed to medicine management team (MMT)
Electronic sample signature obtained of NMP	The employing practice	A pdf signature kept on file also emailed to medicine management team
Scope of practice form completed by the NMP (Appendix 1)	Authorized by the employing practice /line manager/senior clinician	A copy emailed to MMT
NHSBSA form for a NMP joining the organisation must be completed (Appendix 12)	The registering NMP	The form should be emailed to MMT for authorising signature .The form is then emailed back to NHSBSA
If the NMP is leaving the organisation the form in Appendix 3 should be completed	The NMP leaving the organisation	The form should be emailed to MMT for the authorising signature .The form is then emailed back to NHSBSA
If the NMP is leaving one organisation( practice) to join a different organisation (practice)  The form in Appendix 3 must be completed as well as form in Appendix 2	The NMP leaving one practice to join a different practice	The form should be emailed to MMT for the authorising signature .The form is then emailed back to NHSBSA

## Appendix 3:

The Non-medical prescriber joining a GP practice or cost centre form can be downloaded here:  
[https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/Non-Medical\\_Prescriber\\_Joining\\_a\\_GP\\_Practice\\_or\\_Cost\\_Centre\\_3.2.doc](https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/Non-Medical_Prescriber_Joining_a_GP_Practice_or_Cost_Centre_3.2.doc)

NHS Prescription Services

*provided by...*



**Business Services Authority**

### Non-medical prescriber joining a GP practice or cost centre

Authorised signatory should complete form and send to: [nhsbsa.prescriptioninformation@nhs.net](mailto:nhsbsa.prescriptioninformation@nhs.net)

Parent Org name	<input type="text"/>	Parent Org code	<input type="text"/>
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#### Non-medical prescriber (NMP) type

Nurse/midwife <input type="checkbox"/>	Optometrist <input type="checkbox"/>	Pharmacist <input type="checkbox"/>
Physiotherapist <input type="checkbox"/>	Podiatrist <input type="checkbox"/>	Radiographer <input type="checkbox"/>

#### NMP details

<b>NMP code</b> (e.g. NMC/regulatory body code)	<input type="text"/>					
<b>NMP name</b> (max. 28 characters including spaces)	Surname: <input type="text"/>			Initial(s): <input type="text"/>		
<b>Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Sister <input type="checkbox"/>	Doctor <input type="checkbox"/>
<b>Type of qualification held</b> (nurse prescribers only)	Community Practitioner Nurse Prescriber Formulary <input type="checkbox"/>		Nurse Independent Prescriber Formulary <input type="checkbox"/>			
<b>GP practice/cost centre code(s)</b>	GP practice code: <input type="text"/>		Cost centre code: <input type="text"/>			
<b>Start date</b>	<input type="text"/>					

Authorised signatory: \_\_\_\_\_ Contact number: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

For NHS Prescription Services use only	
MDR input (date & initials)	<input type="text"/>

## Appendix 4:

The Non-medical prescriber leaving a GP practice or cost centre form can be downloaded here:

[https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/Non-Medical Prescriber Leaving a GP Practice or Cost Centre v3.2.doc](https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/Non-Medical_Prescriber_Leaving_a_GP_Practice_or_Cost_Centre_v3.2.doc)

### Non-medical prescriber leaving a GP practice or cost centre

Authorised signatory should complete form and send to: [nhsbsa.prescriptioninformation@nhs.net](mailto:nhsbsa.prescriptioninformation@nhs.net)

<b>Parent Org name</b>		<b>Parent Org code</b>	
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#### Non-medical prescriber (NMP) type

<b>Nurse/midwife</b> <input type="checkbox"/>	<b>Optometrist</b> <input type="checkbox"/>	<b>Pharmacist</b> <input type="checkbox"/>
<b>Physiotherapist</b> <input type="checkbox"/>	<b>Podiatrist</b> <input type="checkbox"/>	<b>Radiographer</b> <input type="checkbox"/>

#### NMP details

<b>NMP code</b> (e.g. NMC/regulatory body code)						
<b>NMP name</b> (max. 28 characters including spaces)	Surname:				Initial(s):	
<b>Title</b>	<b>Mr</b> <input type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Sister</b> <input type="checkbox"/>	<b>Doctor</b> <input type="checkbox"/>
<b>Type of qualification held</b> (nurse prescribers only)	Community Practitioner Nurse Prescriber Formulary <input type="checkbox"/>			Nurse Independent Prescriber Formulary <input type="checkbox"/>		
<b>GP practice/cost centre code(s)</b>	GP practice/cost centre code(s):					
<b>Leaving date</b>						

Authorised signatory: .....	Contact number: .....
Print name: .....	Date: .....

For NHS Prescription Services use only	
MDR input (date & initials)	



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