FRAMEWORK FOR NON MEDICAL PRESCRIBING (NMAHP) NHS LOTHIAN
This framework document is subject to change, The Safe Use of Medicines Policy and procedures should be used with the framework, any non medical prescribing enquiries should be made to professional prescribing leads.

Lead Authors

Patricia McIntosh - Clinical Nurse Manager, Practice Nursing/Primary Care
Pat Murray - Director of Pharmacy, NHS Lothian

Updated November 2012:-

Patricia Mcintosh - Clinical Nurse Manager, Practice Nursing/Primary Care
Garry Todd – Lead Pharmacist, REAS
Sheena Kerr –Lead Pharmacist, WGH
1. **Purpose**

Modernisation of the NHS requires a fundamental shift in the way healthcare is delivered. Part of that agenda is ensuring that the contribution of all staff is maximised through role development. However any role development needs to be implemented within a governance framework to ensure patient and staff safety. This document seeks to provide that framework in relation to non-medical prescribing. Nursing, midwifery and allied health professions will be written as NMAHP for this document.

2. **Policy Context- This Framework should be read in conjunction with NHS Lothian Safe Use of Medicines Policy and Procedures**

2.1 Legislative policy

Appendix 1 describes the legislation associated with these developments to date.

3. **Definitions of Non Medical Prescribing**

In the past only doctors and dentists were recognised as independent prescribers. The doctor or dentist was responsible for the assessment, diagnosis and decisions about the patient’s clinical management. This is now not always the case as new approaches have been implemented to access care and treatment with medicines for patients.

Non-medical prescribing is the prescribing of medicines by Nurses, Midwives, Health Visitors, Pharmacists and Allied Health Professionals (AHP) who have successfully qualified as prescribers.

The only AHPs entitled to prescribe after successfully completing an accredited course are Physiotherapists, Radiotherapists, Podiatrists and Optometrists. This is an expanding area and other AHPs may begin prescribing in the near future.

Community Practitioner Nurse Prescribers

Health Visitors, District Nurses and Specialist Practitioner/Specialist community Public Health Nurses holding the Nursing and Midwifery Council (NMC) V100 qualification and registered nurses holding the NMC V150 qualification may prescribe independently from a limited formulary: The Community Practitioner Formulary.

The term ‘Nurse Independent Prescriber’ is reserved for nurses holding the NMC V300 qualification.

Nurse Independent Prescribers (NMC V300 qualification) may prescribe any licensed medicine from the BNF for any medical condition within their level of competence in the BNF. March 2010 NMC guidance is available to allow non licensed medicines to be prescribed. NHS boards must have in place local policy – see the Safe Use of Medicines Policy and Procedures.
**Pharmacist Independent Prescribers** may prescribe any medicines within their competency and for which they are prepared to accept legal responsibility, including ‘off-label’ medicines, unlicensed medicines and any controlled drug specified in Schedule 2, 3, 4 or 5, except diamorphine, cocaine and dipipanone for the treatment of addiction.

**Optometrist Independent Prescribers** may prescribe any licensed medicine from the BNF excluding controlled drugs, for any medical condition within their level of competence.

**Supplementary Prescribers** (currently Nurses, Pharmacists and AHPs podiatry, radiography and physiotherapists only) can prescribe all medicines in the BNF for a specific disease area, in partnership with the patient, doctor or dentist and in accordance with the Clinical Management Plan (CMP). Nurses and Pharmacists may also supplementary prescribe unlicensed medicines and controlled drugs in accordance with an agreed CMP.

**Legal Exemptions**
Legislation has provided a number of exemptions to the POM order for named groups of healthcare professionals in order that they can sell, supply or administer to patients named medicinal products within the scope of their clinical practice.

Each healthcare professional ought to act in accordance with the code of professional conduct and standards as set by their professional body. The healthcare professional must also act in accordance with the policies and standards defined within their organisation.

When a medicine is covered in the legislation by an exemption then the health professional does not need a Patient Group Direction (PGD), Patient Specific Direction (PSD) nor a prescription from an authorised prescriber. Any administration, sale or supply under the Exemptions Order (Ref: [MHRA PGD Guidance](https://www.gov.uk)) must be in the course of professional practice. Individual Health Boards may have local protocols in place to support healthcare professionals covered under the exemptions. These should provide dosing instructions and define the circumstances in which the medication should be administered (e.g. phytomenadione administration doses for premature neonates by midwives).

Healthcare professionals should provide evidence based care. This may result in "off-license" use which means a medicine is sold, supplied or administered outside the marketing authorisation. The legislation does not define the appropriate use of the medicinal product and therefore it can be used "off-license". The healthcare professional must be satisfied that there is sufficient evidence and / or experience of using the medicine to demonstrate its safety and efficacy. (Ref: [NMC standards and Medicines, Ethics & Practice No 36 July 2012](https://www.nmc.org.uk)). Patients should be advised of the 'off-license' use, consent obtained and noted. Consent does not need to be signed or written, it can be implied or verbal. Consent is then documented in the patient's medical record.

The following tables have been drawn together to simplify and clarify the exemptions, to whom they apply, how they apply and what drugs are covered, for each group.
Care should be exercised due to possible name changes of drug nomenclature. i.e BAN to rINN (Ref: BNF, MHRA)

Emergency Exemptions
The following list of medicines for use by parenteral administration, are exempt from PGDs, prescriptions or PSDs when administered for the purpose of saving life in an emergency:

<table>
<thead>
<tr>
<th>Medicines for use in an emergency to save life</th>
<th>Doses are not specified in the legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenaline (1 in 1000)</td>
<td>Mepyramine</td>
</tr>
<tr>
<td>Atropine sulphate</td>
<td>Nalaxone hydrochloride</td>
</tr>
<tr>
<td>Chlorphenamine</td>
<td>Pralidoxime</td>
</tr>
<tr>
<td>Dicobalt edentate</td>
<td>Promethazine hydrochloride</td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>Snake venom antiserum</td>
</tr>
<tr>
<td>Glucagon</td>
<td>Sodium nitrite</td>
</tr>
<tr>
<td>Glucose 50%</td>
<td>Sodium thiosulphate</td>
</tr>
<tr>
<td>Hydrocortisone</td>
<td></td>
</tr>
</tbody>
</table>

Midwives
Following the consultation on midwives exemptions the legislation has changed and a number of medicines have been removed from the list and a number have been added. The restrictions on the sale and supply of GSL and Pharmacy medicines has remained unchanged.
Please see the Midwives Exemptions page (external link) on the Medicines and Healthcare products Regulatory Agency website.

Optometrists' sale or supply
Registered optometrists may sell or supply certain medicinal products provided it is in the course of their professional practice. The medicinal products, the categories and the circumstances in which they can be sold, supplied or administered are listed in MHRA website.

Chiropodists and Podiatrists
Chiropodists and podiatrists who are appropriately qualified can administer local anaesthetic and supply certain prescription only medicines in the course of their practice. In order to have these entitlements they must have successfully completed training in these areas and have the entitlement marked ("annotated") on the Health Professionals Council (HPC) register. The online register indicates where a chiropodist or podiatrist can administer local anaesthetic or supply prescription only medicines.

Occupational Health
An Occupational Health Scheme is a scheme in which a person, in the course of the business carried on by him or her, for their employees provides facilities for the treatment or prevention of disease. The supply of pharmacy and prescription only medicines must be made in the course of the business of the scheme. (Ref: Statutory Instruments 1980 no.1924 and 1997 no 1830) link. The person supplying or administering POMs in the course of the scheme must be a doctor, or a registered nurse. The nurse acting in accordance with the written instructions of a doctor as to the circumstances in which the POM is to be used in the course of the occupational

Occupational Health Schemes do not require PGDs in order to supply or administer medicines to employees. If, however, the scheme treats non employees or employee relatives, then a PGD or PSD is required as with any other healthcare professional supply or administering to patients/clients.

3.1 Patient Group Directions (PGDs)

The supply and administration of medicines is controlled by The Medicines Act 1968. Controlled Drugs are regulated by The Misuse of Drugs Act 1971.

In 2000, secondary legislation was introduced throughout the UK, which provided the framework for the supply and administration of medicines without the need for an individual prescription (Human Use Amendment Order 2000). This framework was that of Patient Group Directions (PGDs)

These directions can be used by non medical prescribers, Pharmacists, Nurses, AHPs and paramedics to allow supply and administration of medicines to groups of patients requiring treatment eg patients requiring immunisation.

All practitioners using PGDs must ensure that:

- PGDs are developed according to The Legal framework (HDL2001(7)) Good practice from throughout Lothian/Scotland is shared.
- Practitioners are trained to develop and operate under PGDs
- Practitioners are able to audit practice and review/revise the PGD accordingly, and
- Patients receive the best possible care when treated by a practitioner under a PGD.

A best practice statement has been developed in close collaboration with NHS Education for Scotland. The statement aims to facilitate the development, review and approval of patient group directions (PGDs) by healthcare practitioners in Scotland. It supports the existing web resources available to facilitate the development of PGDs (www.nes.scot.nhs.uk/pgds).

3.1.1 National Patient Group Direction (2005)

A ‘National Patient Group Direction’ (PGD) was initiated by NHS Scotland in December 2005 which enables community pharmacists to provide current repeat medicines to patients. The PGD can only be used when the patient’s GP is unavailable or the surgery is closed and is only relevant to patients registered with an NHS Scotland GP practice. The PGD allows pharmacists to supply almost any medicine to a patient from the British National Formulary and British National Formulary for Children which they normally receive on a repeat prescription. The most notable exclusions are for injectables, controlled drugs and those medicines used for acute conditions.

3.2 Symptomatic Relief Policy
This policy can be used by non medical prescribers in designated areas.

A symptomatic relief policy allows the treatment of patients from a range of medicines from an agreed formulary for specific ailments without having to contact the doctor. This is currently in place within Lothian designated areas, within designated wards.

This defined list includes a range of Pharmacy only (P) and general sales list (GSL) medicines only. A report on The Supply and Administration of Medicines under Group Protocols was published in 1998 by the Department of Health. The report recommended that the legal position of protocols was clarified, thus ensuring that the risks to patients of receiving treatment under such protocols was minimised and that the healthcare practitioners supplying or administering medicines under such a framework were protected

4. STATEMENT GUIDANCE FOR NON-MEDICAL PRESCRIBERS

4.1 Who to prescribe for:

- Non-medical prescribers employed by independent contractors (eg GPs, Pharmacies) can only prescribe for patients of that practice
- Non-medical prescribers may only prescribe for patients for whom they have clinical responsibility. This may take place within all clinical settings and include primary and secondary care patients.
- Non-medical prescribers can prescribe for patients who are temporarily registered. (NB: There may be issues of access to patient records. NMAHPs must assess risks of prescribing in these circumstances and are accountable for their decision making).

4.1.1 General Principles for Non-Medical Prescribers

- A prescription can only be issued by a non-medical prescriber for a patient who he/she has assessed for care including taking a full history and where possible accessing the full clinical record.
- Non-medical prescribers must adhere to all national guidelines, (for example SGHD Non-Medical Prescribing NHS Scotland, National Institute of Health and Clinical Excellence (NICE) Guidelines and Technology Appraisals etc), local prescribing guidelines, policies, the Lothian Joint Formulary and should keep their knowledge and practice up to date.
- Each non-medical prescriber is individually and professionally accountable for their practice and is expected to work at all times to policies and procedures and within the standards and codes of professional conduct of their own regulatory bodies.
- Non-medical prescribers are professionally obliged to act only within and not beyond the boundaries of their knowledge and competence.
- Non-medical prescribers if moving to a different area of practice MUST consider the skills and requirements of the new role and only ever prescribe if competent to do so and agreed by manager.
- Non-medical prescribers must ensure that their patients are aware of the scope and limits of non-medical prescribing and how patients may be able to obtain
other items necessary for their care. NMAHPs must ensure their patients are referred to other healthcare professionals as necessary to access other aspects of their healthcare. Non-medical prescribers will ensure that their patients/clients understand their rights in relation to non-medical prescribing. Patients/clients have the right to refuse treatment/prescribing by non-medical prescribing professionals.

To maximise the opportunities to improve the delivery of patient care which non medical prescribing offers in a safe and cost effective manner requires a number of principles to be considered. See Appendix 2.

4.2 Implications for Service

- Non medical prescribing is one aspect of potential role development which can be considered within a service redesign.
- Assessment of need, risk, health input, and equality and diversity must be undertaken as well as taking into consideration the service given to patients and carers.
- A strategic planned approach needs to be developed in relation to the best use of the types of non-medical prescribers available to best meet the needs of identified patient groups.
- A strategic view is required on how best to use the skills of, and maximise the learning from those who have already qualified.
- Practitioners should be targeted for training where there is an identified need and a plan as to how they will use their prescribing skills once trained.
- Appropriate supervision, support mechanisms and essential assessment of competency must be in place prior to any staff undertaking the training programme. A multidisciplinary approach to this is essential.
- Ongoing commitment in full to CPD.
- Resources to support all prescribers must be in place which will include monitoring and performance improvements systems to ensure cost effective prescribing and compliance with the appropriate formulary for level of prescribing and compliance with the Lothian Joint Formulary (LJF).
- Staff with NMP status, moving to new areas within the Organisation need to apply to have their details amended on the database.

4.3 Role development

Where service redesign involves non-medical prescribing there is a need to adopt a systematic approach to achieve multidisciplinary team agreement for who should be targeted to develop professional roles.

Once identified these practitioners must concur with their appropriate professional guidance and standards (NMC Standards, pharmaceuticals standards and physiotherapy standards, podiatry and radiography standards).

- All individuals selected for prescribing training must have the opportunity to prescribe in the post that they will occupy on completion of that training.
- Applicants must provide evidence of eligibility to undertake Independent/ Supplementary Prescribing.
• An identified budget must be in place to meet the costs of their prescribing.

• Support mechanisms must be in place and implemented.
• Applicants must have access to continuing professional development (CPD) and maintain documented evidence of their fitness to practice on completion of training – see recommendation.
• NHS Lothian has policy for Advanced Practice - see www.nhslothian.scot.nhs.uk

4.3.1 Nursing

Applicants must meet NMC criteria for eligibility to undertake educational preparation for nurse independent/supplementary prescribing as summarised below:

• Nurses should be able to study at degree level (Scottish Level 9).
• At least three years post registration clinical nursing 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.
• Nurses must be assessed by their employer as clinically competent in the area in which they wish to prescribe.
• Written confirmation from a Designated Medical Practitioner (DMP) confirming facilitation and assessment of competence.
• They will work within the NHS Lothian robust clinical governance framework for NMAHP.

The comprehensive guide can be found in www.nmc-uk.org

4.3.2 Pharmacy

Applicants must meet GPhC criteria for eligibility to undertake educational preparation for independent/supplementary prescribing as below.

• Pharmacists must have been registered with the GPhC for at least 2 years.
• Pharmacists must have been assessed as clinically competent in the area in which they will undertake a prescribing role.
• They will work within the NHS Lothian robust clinical governance framework for NMP.

A guide can be found in www.nes.scot.nhs.uk

4.3.3 Allied Health Professions

The Scottish government has prepared a guide to assist AHP’s to train as Supplementary Prescribers for further general guidance www.scotland.gov.uk/topics/health/nhs-scotland/non-medicalprescribing/policy

The term AHP refers to registered podiatrists, registered physiotherapists, registered radiographers. Section 63 of the Health and Social Care Act 2001 enabled the government to extend prescribing responsibilities to other health professionals. Under Supplementary prescribing AHP’s are able to prescribe all medicines including unlicensed medicines and controlled drugs provided they do so within their own
clinical area of competence and under the terms of a patient specific CMP and in line with NHS Lothian policy.

An Independent Prescriber is responsible for the diagnosis and the setting of parameters for the CMP although they need not personally draw this up. The Independent Prescriber must be a Doctor or Dentist.

Supplementary Prescribing must be supported by regular clinic review (no longer than 12 months).

4.4 Education and training

Training should only be accessed from courses approved by NES for Scottish practitioners. The Scottish Government contributes towards the funding of independent/ supplementary nurse prescribers and community and hospital pharmacists. The standardised application process must be adhered to for each professional group as recommended in Appendix 3 (Flow Chart for Application). Each profession must identify a lead person (known as Professional Lead for NAHMP). Single system application for education is managed by CPPD with the exception of pharmacy which is managed by NES.

The professional NMP Lead must manage an agreed NHS Lothian database eg ensure that all necessary resources are in place to allow the personnel to proceed to implement prescribing. Including professional registration checks, local data base checks, ordering and supply of appropriate prescription pads and other necessary prescribing tools, BNF issues, +/- children, NPF and Scottish Drug Tariff etc.

4.5 Resources

SGHD funding has been made available to Health Boards to allow non-medical prescribers to access relevant courses. The period of learning in practice has attracted no SGHD funding. Funding must be explicit prior to application to any course. SGHD have issued a circular providing NHS Boards, GPs and Community Pharmacy Contractors information for joint initiative between GP and community pharmacy to provide community pharmacy prescribing clinics (see PCA (P) (2006) 11).

4.6 Continuing Professional Development (CPD)

Ongoing support for non-medical prescribers must be considered as an integral part of local governance arrangements.

- Non-medical prescribers must act in accordance with professional codes of conduct, standards, performance and ethics. Development of prescribing competencies must be included in the Personal Development Plan (PDP) and links to KSF.
- It is the non-medical prescribers responsibility to remain up to date with the knowledge and skills to enable competent and safe prescribing.
• Non-medical prescribers must ensure that continuing professional development is in line with their role as a prescriber. Training undertaken must be documented within the CPD portfolio.
• Employers have a responsibility to ensure relevant education support around CPD.
• Maintaining competency single professional competency framework NPC
  www.npc.co.uk

4.7 Support Strategy

Before undertaking any prescribing course a designated medical practitioner (DMP) must be identified as being responsible for the supervision and assessing competency of the named student. (Various professional bodies have defined competencies for the DMPs). On completion of the course the Period of Learning in Practice (PLP) needs to be supported. A system must be in place to ensure that all non medical prescribers have access to the necessary evidence to allow them to practice safely in NHS Lothian, education and training updates, provision of drug hazard warnings, LJF, IT systems, prescribing analysis.

Consideration should be given to how supervisors will be trained, a register of supervisors should be established, mentorship schemes are documented and peer support available.

4.8 Adherence to Lothian Joint Formulary (www.ljf.scot.nhs.uk)

The main aim of this formulary is to promote safe, effective, and economic prescribing in both hospital and general practice. Medicines should be prescribed in line with the Lothian Joint Formulary and/or specialist unit formularies, or have the required level of approval for use. The medicines included provide appropriate treatment for the vast majority of patients. All the drugs listed are routinely stocked by hospital pharmacies in Lothian.

The Lothian Joint Formulary provides all prescribers with guidance on first choice and second choice drugs. In turn, this will achieve two objectives; firstly, as a selective list this will lead to greater familiarity with a limited range of medicines and thus help to reduce prescribing errors and second, with agreement across the interface between primary and secondary care, the formulary will promote a seamless approach to prescribing which will benefit all patients who require medicines.

The formulary is more than a selective list of medicines because it also contains prescribing notes that highlight key messages about the drugs and/or the conditions being treated.

Adherence to the formulary is strongly recommended by the Area Drug and Therapeutics Committee (ADTC) because use of the formulary will maximise safe, effective, and economic prescribing. The formulary will cover the vast majority of prescribing needs but it is recognised that individual patient circumstances may dictate a non formulary choice by the non-medical prescriber.
Use of the formulary will also ensure seamless prescribing for patients between general practice and hospital, and minimise supply problems.

4.9 Risk Assessment

Managers and practitioners must apply risk assessment tools in a consistent way to identify all areas of risk both professional and clinical to inform their risk registers and future NMP practice.

Local Standard Operating Procedures should be defined and documented, monitored and reviewed at least annually, including clinical management plans.

4.10 Risk Management

A database of all non-medical prescribers for each professional group is maintained and complies with the Lothian model (see Appendix 4). For Acute Services the Nursing Directorate Office holds the database for all acute NMAHP and pharmacist prescribers. For Primary Care the Practice Nursing/Nurse Prescribing Office, Esk Centre, Musselburgh holds the database for all NMAHP working in the community, General Practice and Community Hospital. The Pharmacy Office at the REH holds the database for Community Pharmacy Prescribers.

4.10.1 What may be prescribed

- Pharmacist and Nurse Independent Prescribers may prescribe any licensed medicine (ie products with a UK marketing authorisation) for any medical condition, with the exception, in the case of pharmacists, of all controlled drugs.
- For nurses employed in Lothian the prescribing of controlled drugs is only permitted where this has been agreed between the Prescriber and line manager and is included in their personal core formulary. See the Safe Use of Medicines Policy and Procedures http://intranet.lothian.scot.nhs.uk/NHSLothian/NHS%20Lothian/BoardCommittees/AreaDrugTherapeutics/Documents/Forms/AllItems.aspx

4.10.2 The Prescription

- NMPs should not prescribe on behalf of colleagues.
- In primary care NMPs must only write on prescription pads bearing their own unique NMC/GPhC/Health Professional’s Council (HPC) registration number.
- In inpatient facilities (eg community hospitals) patient specific written directions issued by NMAHPs must indicate their prescribing status by adding NMAHP after the signature. Where a prescription is issued to be dispensed by a community pharmacist, it should indicate prescriber status, personal identification number (PIN), address and contact phone number.
- A prescription should generally provide treatment for no more than one calendar month, according to local guidelines and patient need.
- NMPs should not issue more than six repeat prescriptions (over six months) without conducting a patient review.
NMPs will adhere to Lothian’s standards and operating procedures, policies and guidelines related to medicines- The Safe Use of Medicines Policy and Procedures. 
http://intranet.lothian.scot.nhs.uk/NHSLothian/NHS%20Lothian/BoardCommittees/AreaDrugTherapeutics/Documents/Forms/AllItems.aspx
NMPs must consider the evidence base and cost effectiveness to inform prescribing decisions and adhere to LIF.
NMPs must not prescribe any medicines for themselves.
NMPs must ensure the safety of their prescription pads against loss or inappropriate use.
Non-medical prescribers must not direct prescriptions to specific community pharmacies.

4.10.3 Repeat Prescribing

- NMAHPs may issue repeat prescriptions only for patients they have previously seen and assessed. **As the signatory for the prescription the NMAHP is accountable for this practice.**
- NMAHPs must only issue repeat prescriptions where they have the clinical and pharmacological knowledge and competence to support the prescribing of repeat drugs.
- A patient review must take place following a maximum of six prescriptions or after six months have elapsed.

4.10.4 Informing Patients

- Patients should be given enough information and should understand the information given by the prescriber to enable the patient to give informed consent.
- Independent and supplementary prescribers must have Professional Indemnity Cover.
- NMAHPs should refer to the Lothian Guidance/Policy documents related to patient consent where consent issues may be raised (ie mental health, adolescent health).

4.10.5 Prescribing for Self, Family and Friends

- NMAHPs must not prescribe any medicine for themselves. It is strongly recommended that NMAHPs should avoid prescribing for friends or family. There may be exceptional circumstances necessitating this but assessment may be difficult and judgement inhibited. NMAHPs will be held accountable for their decisions.
- Supplementary prescribers should not prescribe for family and friends. If circumstances necessitate, the decision ultimately rests with the doctor or dentist (independent prescriber).

4.11 Responsibility for the Doctor/Dentist (Independent Prescriber) within the Supplementary Prescribing Agreement
The doctor/dentist must ensure that the qualified Supplementary Prescriber (SP) has the necessary skills, knowledge and experience to prescribe in accordance with the CMP and defined clinical area.

The doctor/dentist is responsible for the initial assessment and diagnosis of the patient.

The doctor/dentist determines the scope of the CMP and reaches an agreement with the supplementary prescriber about the limits of their responsibility for prescribing and review.

The doctor/dentist must agree the content of the CMP before supplementary prescribing can be initiated.

The doctor/dentist should review the patient on a yearly basis and review earlier should the patient’s clinical condition require it.

The doctor/dentist should advise and support the SP as requested.

The doctor/dentist should share the patients’ records with the SP.

4.11.1 Dispensing NMAHP Responsibility

There should be a separation of prescribing and dispensing roles. In exceptional circumstances, where a NMAHP is prescribing and dispensing, a second suitably competent individual should be involved in the checking process.

Where the dispensing pharmacist is also a prescriber, the standard operating procedure for dispensing self-generated prescriptions must include steps to ensure governance arrangements so that no allegations of misuse of the facility, for example allegations of fraud and be upheld.

4.11.2 Supplier NMAHP Responsibility

There should be a separation of prescribing and administering/supplying roles as much as possible.

NMAHPs should not prescribe and administer a controlled drug. In the exceptional circumstances that this might occur, a second suitably competent individual should check the accuracy of the medication being supplied.

NMAHPs may delegate the administration of medicines they have prescribed. The NMP is accountable and must ensure the competence of the individual they have delegated the responsibility of administration to.

4.11.3 Hospital Pharmacy

Hospital pharmacies should have access to a list of all NMAHPs in order that pharmacy staff can verify the prescriber’s status when they are in doubt.

4.11.4 Prescribing Licensed Medicines for Use Outside their Product Licence - ‘Off Label Prescribing’

Nurse and pharmacist independent prescribers may prescribe medicines outside their licensed indications where it is accepted clinical practice. They are accountable and liable for off-label prescribing and should comprehensively document their reasons for prescribing. Such prescribing should be included in the NMAHP’s scope of prescribing practice document and agreed by the NMAHP’s manager.
• Supplementary prescribers may prescribe medicines outside of their licence if within the CMP. Supplementary prescribers are also accountable and liable for off-label prescribing and should comprehensively document their reasons for prescribing.

• Community Practitioner Nurse Prescribers may not prescribe medicines off-label with the exception of nystatin for neonates where the prescriber is absolutely clear that the diagnosis is one of oral thrush. (Prescribe at the dose recommended in the Children’s BNF). This exception is without precedent and there are no other exceptions for off-label prescribing by community practitioner nurse prescribers.

• In all cases the prescriber is accountable and liable for off-label prescribing and must be satisfied that an alternative licensed medication would not meet the patient’s need; that there is satisfactory evidence or experience of safety in prescribing the medication for that specific patient and that the patient understands that they are being prescribed an unlicensed medication, understands the implications of this and gives consent.

4.11.5 Prescribing Unlicensed Medicines

Independent /Supplementary prescribers may prescribe unlicensed medicines only where:

The correct NHS Lothian procedures have been followed and
a) A clinical trial is being undertaken under a clinical trials certificate or an exemption; and
b) Their use has the agreement of both prescribers and the status of the drug is recorded in the CMP. For further guidance refer to SGHD Scottish Guidelines for Supplementary Prescribing and NMC standard 17.
c) NMC Guidance March 2010. Amendment to independent prescribing of unlicensed drugs, but NHS Lothian policy and procedure must be followed

4.12 Monitoring of Prescribing

There is a need for monitoring all non-medical prescribing. Models for monitoring doctors’ prescribing have been in place in Lothian for some time, managed by a Medicines Management Team. As a result, Lothian continues to promote and demonstrate cost effective prescribing. A Prescribing Budget Setting Group (PBSG), a sub-group of the General Practice Prescribing Committee (GPPC) continues to develop prescribing indicators (PIs) and systems to feed back information to medical prescribers.

Experience with doctors has shown that feedback to prescribers about prescribing practice (using monitoring data), combined with guidance about good practice (in relation to formulary use and electronic prescribing) have been successful in improving medical prescribing. A similar approach to monitor and institute good practice in non-medical prescribing must be in place. PRISMs data will be used to collect the information from non-medical prescribing in the community and local analysis must be undertaken by locally identified trained personnel. Monitoring of hospital non-medical prescribing must be undertaken to reflect local systems for medical prescribing analysis, this should include audit of practice.
NMP allows for prescribing from the entire BNF with the exception of some controlled drugs. This clearly needs robust risk management.

- Independent nurse prescribers and AHP prescribers in collaboration with medical managers should develop a personal core formulary, this will be underpinned by the Lothian Joint Formulary and will reflect the NMAHP competence. It will be a dynamic document and assessed and developed through appraisal and PDPR. Supplementary prescribing may continue to be used using clinical management plans where deemed appropriate.
- Completion of a community specialist practitioner programme incorporates community practitioner nurse prescribing (formally District Nurse and Health Visitor Nurse prescribing). These nurses must continue to prescribe from the limited formulary for community practitioners only.

Monitoring of prescribing must be in place for all NMAHP prescribers in Lothian.

4.13 Controlled Drugs

- Independent and supplementary prescribers must only prescribe controlled drugs (CDs) that they are entitled to prescribe.
- Independent and supplementary prescribers must ensure all the legal requirements for a CD prescription are met.
- Computer generated prescriptions may be used for CDs providing the software is in place and an audit trail of prescribing practice is evident.
- The quantity of any CD prescribed must not exceed 30 days supply per prescription (excluding any schedule 5 drugs). CD prescriptions for ADHD must not exceed 3 months.
- Accountable Officer - local lead for CD and ensuring complying with legislation - all non-medical CD prescribing must be annotated appropriately on relevant database kept by local lead, eg see Substance Misuse Directorate local guidance
- Medication incidents involving CDs must be reported to accountable officer team

4.14 Records and Record Keeping

All healthcare professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient’s care. NMAHPs should adhere to their own professional/regulatory bodies’ standards for record keeping. All NMAHPs are required to document details of the prescription and the consultation into the shared patient record as soon as possible or within 48 hours from the time of writing the prescription unless there are exceptional circumstances (ie weekend or Public Holiday).

The record should indicate the following:
- The date and time of the prescription.
- The name of the prescriber (and that they are acting as a nurse, pharmacist or optometrist independent prescriber, a community practitioner prescriber or a nurse, pharmacist or AHP supplementary prescriber).
• The name, strength and form of the item prescribed, quantity supplied, the
dosing frequency, the route of administration and duration of treatment.
• In the case of dressings, details of how they should be applied and frequency
of change.
• Advice given regarding General Sales List and pharmacy medicines should
also be recorded.
• See Appendix 5 (Community, Physiotherapy local agreed guidance).

4.15 Security and Issue of Prescription Pads

The professional co-ordinator must follow the procedure for accessing prescription
pads for non-medical prescribers.

• Check with professional register that NMAHP is registered with professional
body.
• Check all non-medical prescribers have professional indemnity insurance.
• Apply for unique prescribing code from ISD using form ISD1 for nurses and
ISD(P)2 for pharmacists and ISD(NMP1) for Physiotherapists.
• Confirm unique prescribing code and order prescription pads
(GP10N/GP10P/GP10NMP) (minimum of 5) from Practitioner Services
Division. These prescription pads are then delivered to the practitioner’s place
of work.
• Security of prescription pads is the responsibility of the individual practitioner
who must ensure their safekeeping in a locked environment with a record of
the current prescription pad’s serial numbers.
• NMPs in hospitals may use various methods to prescribe, for example ward
order to be used for inpatients and discharge supplies only, internal hospital
prescription form and HBPN/HBPP and Immediate Discharge letter.
• The loss or theft of prescription pads should be reported to the professional
co-ordinator and also the GP or hospital designated manager.
• The professional co-ordinator should notify the Fraud Liaison Officer at
Counter Fraud Services.
• The non-medical prescriber will be advised to write and sign all following
prescriptions in red for a period of two months
• The NHS Board will advise all pharmacies in their area and adjacent Boards
with the name and address of the prescriber concerned.
• This will normally be in writing within 24 hours with the exception of
weekends.
• Prescriptions which are currently provided for pharmacists in primary care,
GP10P (3) are handwritten. To ensure an accurate record is kept the
pharmacist then enters the prescription details electronically on the practice
computer system.
• Electronically generated prescriptions should be encouraged as this assists
with governance and minimises risk.
• The employer has the responsibility to ensure that all prescription pads are
returned from practitioners who have left employment.
• Forms to request and re order of prescription pads are on NHS Lothian
Intranet,
http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-
Z/NMAHP%20Prescribing/Documents/Re-
order%20Prescription%20Pads%20Form.doc
4.16 Practitioner

- NMAHPs in primary care must register with the ISD/PSD before they commence prescribing. This is done by contacting the NMAHP lead who notifies the areas. Forms are on NHS Lothian Intranet – http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/NMAHP%20Prescribing/Pages/NMAHPPrescribing.aspx
- NMAHPs must contact their NMAHP lead before they commence prescribing.
- An audit trail of a NMAHPs prescribing activity must be maintained.
- NMAHPs must not amend or sign prescriptions bearing another prescriber’s details.
- NMAHPs must be correctly configured onto electronic prescribing systems.
- Prescriptions should never be printed off without full patient and medication details. Signed ‘blank’ prescriptions must not be kept for future use.

4.17 Performance Review

- Audit of prescribing practice via local and national tools must be undertaken annually to reflect prescribing indicators in line the Lothian Joint Formulary.
- Critical incidents (including medication incidents) should be monitored and reviewed using the Lothian Health system and feedback provided to the relevant teams (Datix where available).
- The non-medical prescriber must document patient adverse drug reactions when known and via the Yellow Card system where appropriate. (www.yellowcard.gov.uk/www.mhra.gov.uk)
- Audit of the effectiveness of communication pathways including written documentation sets (including clinical management plans) between the non-medical prescriber and the clinical team on a minimal annual basis.
- Impact analysis of non-medical prescribing in Lothian continues.
- Those required to independently or supplementary prescribe as non medical prescribers should, when applicable, have this included in their job descriptions and discussed at PDPR and linked to KSF.
- Performance appraisal needs to be undertaken to address and remedy problems identified with non-medical prescribers practice following outcomes of clinical review.
- When non medical prescribers generate a prescription, the unique identifier number which links to the employer and/or ISD database should be annotated next to their signature.
- This is the practice agreed in LUHD and in Primary Care GP10(N) has unique identifier code established.

4.18 Non-Medical Prescribers Returning to Practice/Changing Prescribing Specialty

NMAHPs are legally accountable for their practice and should not prescribe outside their level of competence/knowledge. If returning to prescribing practice after a period of time or changing speciality, it is recommended that the individual appraise their prescribing practice with their manager/prescribing lead prior to recommencing a prescribing role. They will be expected to complete and pass the learn pro module.
NMAHPs need to complete a clinical update prior to recommencing prescribing role and be assessed as being competent. It is recommended that the NMAHP and manager identify a learning plan. The manager/NMAHP should contact the NMAHP Lead to discuss continuing professional development (CPD) requirements to achieve competence.

4.19 Non-Medical Prescribing and Bank Employment

The liability and assessment of competence lies with NHS Lothian which has a responsibility to ensure that NMAHPs are competent to prescribe in the role they are commissioned to provide services.

NHS Lothian must consider the following when determining if bank staff should prescribe:

- The needs of the service/Organisation
- The level of patient benefits
- The frequency and time that the part time employee will be working and how the NMP can effectively maintain competency in prescribing role.
- Have agreement by both bank and service

5. Legal & Clinical Liability and Professional Indemnity

NHS Lothian will hold vicarious liability for non-medical prescribers where the following criteria are met:

- The non-medical prescriber is registered for this qualification with their professional bodies, ie the NMC or GPhC.
- The role of non-medical prescriber, with the approval of the Prescriber and line manager, is included in their job description.
- The non-medical prescriber must be registered in NHS Lothian via the NMPC to prescribe.
- The non-medical prescriber works within the legal framework of the role, within their CMP (if appropriate) and within NHS Lothian policies and NMP Clinical Governance Framework.
- The non-medical prescriber acts only within and not beyond the boundaries of their knowledge and competence.
- NMP employed by Independent Contractor requires agreement with employers.

6. Action to be Taken When a Non-Medical Prescriber Leaves NHS Lothian

- NMAHP responsible to notify Lead.
- Pads to be destroyed form completed
- Pads to be shredded and a receipt completed and stored.
- NMAHP Lead in the Prescribing Team to inform ISD/PSD.

A NMAHP registered with the ISD/PSD as a prescriber within a GP Practice who moves to a different practice within NHS Lothian will need to be de-registered and then register with the new practice and should follow the process above.

7. **ACTION TO BE TAKEN FOR A NEW EMPLOYEE INTO NHS LOTHIAN IF NMAHP PRESCRIBER**

- Complete NMAHP prescribing Learn Pro module
- Agree with manager process to allow prescribing
- Familiarise with NHS Lothian polices and procedures and LJF
- Meet with NMAHP lead
- Establish DMP to support prescribing
- Complete required local registration forms to obtain unique prescribing ID

This framework should be used together with NHS Lothian Policy and Professional Standards. It has been created to assist the evolving NHMAHP prescribing agenda.
Appendix 1

Legislation for Non-Medical Prescribing

1. Medicinal Products: Prescription by Nurses etc Act 1992 (Commencement No1) order 1994 (SI1994 No 2408) in which the definition referred to a first level nurse has subsequently been amended to refer simply to a registered nurse or midwife as a result of amendments to section 58 of the Medicines Act 1968.


3. The implementation was enabled by the secondary legislation Medicinal Products: Prescription by Nurses, Midwives and Health Visitors Act 1992. (Commencement No1) order 1994 which came into effect 3 October 1994.

4. The Medicinal Products: Prescription by Nurses, etc Act 1992 (which amended the National Health Service Act 1977 (section 41) and the Medicines Act 1968 (section 58); The Medicinal Products: Prescription by Nurses etc Act 1992: (Commencement No1) Order 1994; and in Scotland, Scottish Statutory Instrument, SSI No 1504, The National Health Service (General Medical Services Pharmaceutical Services and Charges for Drugs and Appliances) (Scotland) Regulations 1996.

5. Guidance on the use of PGDs is set out in Health Service circular 2000/026.

6. SEHD NHS/HDL (2001) 7 Patient Group Directions


10. The National Health Service (Charges for Drugs and Appliances) Scotland Amendment (2) Regulation 2003 SSI No 295.

11. The National Health Service (GMS) Scotland Amendment (No 3) Regulations 2003 SSI No 443.

12. Prescription Only Medicines (Human Use) Order 2003

13. Amendments to NHS Regulations enabled the introduction of supplementary prescribing for first level Registered Nurses, Midwives and Registered Pharmacists from April 2003.

15. The Home Office are currently considering the prescribing of CDs including opioids by supplementary prescribers (nurses, midwives and pharmacists in the context of the Shipman Inquiry Fourth Report – The regulation of controlled drugs in the community) published in July 2004.

16. Section 17N(6), Primary Medical Services (Scotland) Act, 2004


FLOW CHART TO ESTABLISH NON-MEDICAL PRESCRIBING

1. Service Need
2. Service Redesign
3. Design Patient Pathway to achieve Seamless Service
4. Consider Non-Medical Prescribing Model
5. Follow Principles in Framework
6. Assess Risk and Identify Appropriate NMP
7. Implement NMP
8. Monitor and Evaluate Service
1. PRE-APPLICATION PROCESS FOR NON-MEDICAL PRESCRIBERS

<table>
<thead>
<tr>
<th>Service requirement:</th>
<th>Service manager</th>
<th>Agreed (3)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application to course:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Details of university: Course dates – cut off for application</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study leave form completed:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Countersigned:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitted:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required study leave days from work:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated medical practitioner:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signed agreement: letter from prescribing lead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribing Budget Identified:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of prescribing to be used:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Progress to Section 2
### 2. CHECKLIST FOR MANAGER

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficial to patient?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can applicant study at degree level?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has supervisor been agreed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is funding available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is funding for supervisor available?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Do not apply direct to university**

**Progress to Section 3**

3. Single application process Lesley.lothian@nhslothian.scot.nhs.uk

### 4. STUDENTS MUST CONFIRM ADMISSION WITH FOLLOWING

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing Lead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Line Manager/Practice Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Manager/GP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Database for Non Medical Prescribing NHS Lothian

Fields required for database:

Name
Date of Birth
Address & e-mail
Date Qualified
Pharmacy GPhC Number / NMC Number/HPC number
Indemnity Insurance – vicarious , other
Unique Prescribing Number
Principal Practice/Department/Clinical Area
Type of Prescriber
Active/Non-Active
Date left NHS Lothian
Electronic System Used

Controlled Drug Prescriber         Yes
                                   No
Agreed by Service                 Yes
                                   No
Appendix 5

Example of local governance arrangements based on framework

Supplementary Prescribing Planned Governance for the Community Respiratory Team, Edinburgh Community Physiotherapy Services, Edinburgh Community Health Partnership (ECHP)

Please refer to:
‘Supplementary Prescribing by Chiropodists/Podiatrists, Physiotherapists and Radiographers within NHSScotland A guide for implementation’ Scottish Government


- Community Respiratory Team discuss by phone with referring GP to decide if supplementary prescribing for patient should be implemented
- Agree preferred method of communication between the GP and the Community Respiratory Team supplementary prescriber
- Current medication summary to be sent with Community Respiratory Team referral
- The Clinical Management Plan (CMP) the tripartite agreement between Dr, Physiotherapist and Patient. The CMP is discussed in person or by phone with input from both GP and Community Respiratory Team. Supplementary Prescriber will create a patient unique CMP to be written up as agreed by GP and patient
- The CMP will include medications to manage an exacerbation of disease for example - inhalers, nebulizers, steroids and patient specific antibiotics. (CMP must be patient specific)
- Send CMP to GP by internal mail for final agreement and signature. GP will return to Community Respiratory Team, heeding data protection.
- The Doctor agreeing the CMP must be the signature on the CMP. Further communication and changes to the CMP will require to be completed by that same GP for continuity of care.
- Copy of CMP to be filed in patients notes
- CMP is reviewed with GP and Supplementary Prescriber (SP) on an agreed timescale and as required.
- The CMP requires to be agreed if additional medication is added
- Drugs not on the Lothian Joint Formulary will have been agreed and discussed and noted on the CMP
- Adverse Drug Reactions reported to GP and Yellow Card Scheme
- Dosage can be modified as stated on the CMP, however if a new drug is required it must be written prior to it being signed off by the GP thus avoiding unsafe practice beyond the scope of supplementary prescribing
- It is responsible that knowledge of the patients current medication is available prior to prescribing from the CMP.
- If medication is changed by independent prescriber or Hospital the SP will ensure this is in the current medication list/notes and it will be the responsibility of the Community Respiratory Team supplementary prescriber
to check for any potential interactions that may exist when prescribing from the existing CMP.

- Local communication arrangement (ECHP) All prescription notifications to be sent by clinical email, NO FAXES to GP practice as soon as practicable and within 24-48 hours of prescription.
- Clinical review by the GP of the patient’s progress is predetermined on the CMP normally no longer than 12 months. As Community Respiratory Team will be prescribing antibiotics/steroids it is recommended the intervals should be much less.
- Supplementary Prescribing can be terminated at any time by the GP or the patient. If the responsibility for the patient moves from one GP to another supplementary prescribing may not continue unless a new agreement is negotiated. This is documented by the Supplementary Prescriber in the patient’s records.
- Lost Prescribing Pad - Community Respiratory Team to notify GP, Primary Care Manager and Prescribing Lead Patricia McIntosh.
- Medication Error reported via Datix by Community Respiratory Team.
- Monitoring of prescribing will be arranged via primary care pharmacist.