NHS
Lancashire and South Cumbria
Integrated Care Board

Morecambe Bay
Primary Care Collaborative

Policy for Non-Medical Prescribing in General Practice

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Purpose	To define MBPCC approach to the management of medicines and use of prescriptions within clinical services operated by MBPCC for non-medical prescribers – by adoption of LSCICB_MM06 policy.
Author	LSC ICB
Application/Scope	Organisation-wide
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NHS
Lancashire and South Cumbria
Integrated Care Board

Policy for Non-Medical Prescribing in General Practice

Ref:	LSCICB_MM06
Version:	1.0
Purpose:	To ensure non-medical prescribing (NMP) practice across General Practice in NHS Lancashire and South Cumbria is governed by robust procedures and processes.
Supersedes:	N/A
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Ratified by: (Name of responsible Committee)	ICB Quality Committee
Cross reference to other Policies/Guidance	• NHS Wales – Cardiff and Vale University Health Board Non-Medical and Dental Prescribing Governance Framework • The Royal Pharmaceutical Society – A competency framework for all prescribers (2021) • Nursing and Midwifery Council: Standards for Prescribers • General Pharmaceutical Council: Pharmacist Independent Prescriber • Health and care professions council: Standards for Prescribing
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Target audience:	All non-medical prescribers, including temporary staff, for example, bank, agency, locum non-medical prescribers, working in or employed by General Practice/GP Federation/Alliance/Primary Care Network (PCN). All staff managing, supporting and supervising non-medical prescribers, including Designated Medical Practitioners (DMPs) and Designated Prescribing Practitioners (DPPs).

This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

Document control:		
Date:	**Version Number:**	**Section and Description of Change**

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1.0 Introduction

Non-medical prescribing is prescribing by specially trained nurses, pharmacists, optometrists, physiotherapists, podiatrists, radiographers, dieticians and paramedics working within their clinical competence as either independent or supplementary prescribers.

Under current legislation nurses, pharmacists, optometrists, physiotherapists, podiatrists, radiographers, dieticians and paramedics can all undertake a qualification to allow them to become independent and/or supplementary prescribers. Nurses can also train to become community practitioner nurse prescribers.

2.0 Purpose

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

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

3.0 Scope

This policy is applicable to all non-medical prescribers, including temporary staff, for example, bank, agency, locum non-medical prescribers, working in or employed by General Practice/GP Federation/Alliance/Primary Care Network (PCN).

This policy is **not applicable** to non-medical prescribers working in:

- community pharmacy;
- Trusts;
- NHS 111;
- independent sector healthcare providers/private organisations who are commissioned to provide NHS services for NHS Lancashire and South Cumbria Integrated Care Board (eg East Lancashire Medical Services (ELMS), Urgent Care, Regulated Care, Hospices, Prisons, *gtd* healthcare etc); and
- non-NHS prescribing by independent contractors, for example, private prescriptions in community pharmacy practice.

The above organisations are encouraged to have their own governance/Non-Medical Prescribing (NMP) Lead, whose responsibility will be to support, manage, register

their non-medical prescribers with the NHS Business Services Authority (NHSBSA), and ensure appropriate clinical governance structures are in place for their non-medical prescribers.

The Department of Health specify which registered professionals can become non-medical prescribers. At present the included professionals are:

Independent and supplementary prescribers

- Nurses/Midwives
- Pharmacists
- Physiotherapists
- Podiatrist
- Paramedics
- Optometrists
- Therapeutic Radiographers

Supplementary prescribers only

- Diagnostic Radiographers
- Dieticians

Community Practitioner Prescribers

- Nurses (Health Visitors and District Nurses)

4.0 Definitions

Three types of non-medical prescribing:

Independent prescribing

Independent prescribers are responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions, and for decisions about the clinical management required, including prescribing. Nurse and pharmacist independent prescribers can prescribe any medicine for any medical condition within their competence, including any controlled drug in Schedule 2,3,4 or 5 of the Misuse of Drugs Regulations 2001 (as amended), except for cocaine, diamorphine and dipipanone for treating addiction.

Chiropodist / podiatrist and physiotherapist independent prescribers may prescribe from a limited list of controlled drugs for the treatment of organic disease or injury.

Chiropodist/podiatrist independent prescribers can prescribe the following controlled drugs to be administered by the specified method:

- Diazepam by oral administration
- Dihydrocodeine by oral administration
- Lorazepam by oral administration
- Temazepam by oral administration

Physiotherapist independent prescribers can prescribe the following controlled drugs to be administered by the specified method:

- Diazepam by oral administration
- Dihydrocodeine by oral administration
- Fentanyl by transdermal administration

- Lorazepam by oral administration
- Morphine by oral administration or by injection
- Oxycodone by oral administration
- Temazepam by oral administration

The following independent prescribers cannot prescribe any schedule of controlled drug: paramedic independent prescriber, therapeutic radiographer independent prescriber and optometrist independent prescriber. (*Independent prescribers must keep up to date with current legislation around prescribing of controlled drugs. Note: at the time of writing, proposed changes to legislation for paramedic and physiotherapist prescribers in relation to certain controlled drugs were being considered by the Home Office*).

Supplementary prescribing

Supplementary prescribers may prescribe any medicine (including controlled drugs), within the framework of a patient-specific clinical management plan (CMP) which has been agreed with a doctor or dentist. It is a legal requirement for a CMP to be in place before supplementary prescribing can begin.

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

Supplementary prescribers can only prescribe in partnership with a doctor or dentist.

This mode of prescribing is available to nurses, midwives, pharmacists, physiotherapists, podiatrists, optometrists, dietitians, radiographers and paramedics. Nurses, midwives, pharmacists, physiotherapists, optometrists, podiatrists and paramedics can no longer undertake training in supplementary prescribing alone but may train to be independent and supplementary prescriber. Dietitians and diagnostic radiographers may train and register as a supplementary prescriber only.

Prescribing by Community Practitioners from the Nurse Prescribers' Formulary (also known as V100 and V150)

Nurses who have completed a specialist practitioner programme, which includes the V100 module, or who have completed the standalone V150 module. These are predominantly district nurses, health visitors and school nurses.

Prescribing is limited to the nurse prescribers' formulary (and Drug Tariff, Part IX, Appliances and Reagents) for community practitioners, so they are not required to submit a Scope of Practice.

Community practitioner nurse prescribers must only prescribe for patients that they have assessed. In the event of being requested to prescribe for a patient under the caseload of another practitioner, the prescriber must undertake their own assessment.

The Nurse Prescribers' formulary for Community Practitioners can be found in the British National Formulary (BNF).

Designated Medical Practitioner

A designated medical practitioner (DMP) is a medical practitioner who directs and supervises a non-medical prescriber's period of learning in practice – a required

element of non-medical prescribing qualifications, and acts as a clinical supervisor to the non-medical prescriber after qualification. They will also be responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired certain competencies.

Designated Prescribing Practitioner
A designated prescribing practitioner (DPP) is the designated practitioner responsible for the non-medical prescribing trainee's period of learning in practice, and acts as a clinical supervisor to the non-medical prescriber after qualification. It acts as an umbrella term to bring a number of different profession-specific titles together. The titles, used by professional regulators, that are covered by the term DPP (when applied in the context of prescribing training) are:

- Designated Medical Practitioner (DMP)
- Designated Prescribing Practitioner (DPP)
- Named Practice Supervisor
- Practice Assessor
- Practice Educator

5.0 Regulatory bodies

- The Nursing and Midwifery Council (NMC) regulate nurses and midwives.
- The General Pharmaceutical Council (GPhC) regulates pharmacists and pharmacy technicians.
- The General Optical Council regulates optometrists.
- The Health & Care Professions Council (HCPC) regulates the following: dieticians, paramedics, physiotherapists, podiatrists/chiropodists and radiographers.

6.0 Responsibilities in supporting Non-Medical Prescribers (NMPs)

Please refer to the ICB Non-Medical Prescribing Governance Framework for General Practice (Appendix 3) for roles and responsibilities of:

- Employer/line manager
- Non-medical prescriber
- Supervisor/designated prescribing practitioner
- ICB
- Lancashire and South Cumbria Primary Care Training Hub

7.0 Training to become a Non-Medical Prescriber

All potential candidates interested in undertaking a non-medical prescribing course must contact their Primary Care Training Hub Locality Lead for advice.

Successful completion of the online numeracy assessment, Sn@P, will be required before applications may be considered.

All applications will be reviewed via the ICB multi-professional oversight group prior to being accepted.

The ICB NMP Lead will also gain additional assurances via place-based Heads of Medicines Optimisation to ensure suitability of each practice setting where learning will occur.

7.1 Contact details of Primary Care Training Hub Locality Leads

Details can be found via the following link: https://www.lscthub.co.uk/independent-prescribing/.

7.2 Funding

Various funding routes are available for non-medical prescribing courses. Applicants should contact their Primary Care Training Hub Locality Lead for information on how to access funding.

8.0 Business Services Authority Registration Process

8.1 Newly Qualified Non-Medical Prescriber

Following successful completion of a non-medical prescribing course, receipt of notification from the relevant professional regulatory body and once the information has been updated on the professional register, the following must occur before the individual commences prescribing in General Practice / GP Federation / Alliance / Primary Care Network (PCN):

- Employer/line manager must inform the ICB NMP lead that the individual has successfully completed the course.
- To become registered with the NHS Business Services Authority (NHSBSA) and have prescribing data assigned to a particular practice / cost centre, the following process must occur:
    a. The non-medical prescriber must complete a Midlands and Lancashire Commissioning Support Unit (MLCSU) approval to practice form/annual declaration (Appendix 1) with their clinical supervisor and employer/line manager and send this to MLCSU.nmpregister@nhs.net.
    b. The MLCSU will forward a completed Non-Medical Prescriber Joining a GP Practice or Cost Centre form to NHSBSA. The Business Services Authority takes 3 to 4 working days to process requests.
    c. MLCSU will inform the non-medical prescriber and employer/line manager via email that the NHSBSA form has been submitted.

8.2 Qualified Non-Medical Prescriber New to a General Practice, GP Federation, Alliance or Primary Care Network (PCN)

The following process is required to ensure that newly appointed non-medical prescribers are registered with the NHS Business Services Authority (NHSBSA) and have prescribing data assigned to a particular practice / cost centre.

a. The non-medical prescriber must complete a Midlands and Lancashire Commissioning Support Unit (MLCSU) approval to practice form/annual declaration (Appendix 1) with their clinical supervisor and employer/line manager and send this to MLCSU.nmpregister@nhs.net.
b. The MLCSU will forward a completed Non-Medical Prescriber Joining a GP Practice or Cost Centre form to NHSBSA. The Business Services Authority takes 3 to 4 working days to process requests.
c. MLCSU will inform the non-medical prescriber and employer/line manager via email that the NHSBSA form has been submitted.

8.3 Non-Medical Prescriber Leaving a General Practice, GP Federation, Alliance or Primary Care Network (PCN)

The following process is required to ensure that the NHS Business Services Authority is notified when a non-medical prescriber leaves:

a. The employer/line manager must email the MLCSU (MLCSU.nmpregister@nhs.net) with the details of the non-medical prescriber. The following information must be provided:
    - non-medical prescriber details: title, first name and surname, professional registration/PIN number, profession, for example, nurse, pharmacist etc.
    - for nurse prescribers – if the nurse is an independent prescriber or a community practitioner nurse prescriber
    - date non-medical prescriber left
    - practice code

b. The MLCSU will forward a completed Non-Medical Prescriber Leaving a GP Practice or Cost Centre form to NHSBSA. The Business Services Authority takes 3 to 4 working days to process requests.

c. MLCSU will inform the employer/line manager via email that the NHSBSA form has been submitted.

8.4 Qualified Non-Medical Prescriber Change of Details

The following process is required when a non-medical prescriber working in or employed by a General Practice, GP Federation, Alliance or Primary Care Network changes their details, including:

- Professional Code, for example, NMC PIN / Regulatory Body Code
- Surname
- Title, for example, Mrs / Ms
- Qualification (nurse prescribers only)

a. The non-medical prescriber must complete a Midlands and Lancashire Commissioning Support Unit (MLCSU) approval to practice form/annual declaration (Appendix 1) with their clinical supervisor and employer/line manager and send this to MLCSU.nmpregister@nhs.net.

b. The MLCSU will forward a completed Change of Non-Medical Prescriber Details form to NHSBSA. The Business Services Authority takes 3 to 4 working days to process requests.

c. MLCSU will inform the non-medical prescriber and employer/line manager via email that the NHSBSA form has been submitted.

9.0 Joining the ICB Non-Medical Prescribing Register

Once a non-medical prescriber has been registered with the NHS Business Services Authority, they will be added to the ICB non-medical prescribing register.

Once the non-medical prescriber and employer/line manager has been notified, via email, by the MLCSU that the necessary form for the NHS Business Services Authority has been submitted, and their documents accepted, they can now prescribe. Note: Prior to starting prescribing, the employer/line manager is responsible for: ensuring that the non-medical prescriber is aware of local formularies and guidelines; setting the non-medical prescriber up on the electronic

prescribing system, EMIS; ensuring the non-medical prescriber's job description has been altered to clearly identify their scope to practice as a non-medical prescriber, and includes their role and responsibilities in relation to non-medical prescribing; and if appropriate obtaining FP10 prescription pads (see Appendix 3 for roles and responsibilities of employer/line manager).

A non-medical prescriber must have an active prescribing role that is integral to their job description to remain on the ICB non-medical prescribing register. All non-medical prescribers who are no longer active prescribers must inform the ICB NMP Lead, such circumstances include career breaks or maternity leave for example.

10.0 Annual Declaration

Annual declarations should form part of a non-medical prescriber's annual appraisal. Non-medical prescribers must complete a MLCSU approval to practice form/annual declaration (Appendix 1) with their clinical supervisor and employer/line manager and send this to MLCSU.

Employers/line managers must be aware that an annual declaration form **must be completed and returned for each of the non-medical prescribers employed by the practice**. This request will come from the MLCSU.

11.0 Governance and Prescription Monitoring

Non-medical prescribers must report any patient safety concerns or incidents to their employer/line manager in the first instance and refer to their organisations incident reporting policy and guidelines.

Please refer to the ICB Non-Medical Prescribing Governance Framework for General Practice (Appendix 3).

The employer/line manager, clinical supervisor and non-medical prescriber (via revalidation and annual appraisal) are responsible for demonstrating and monitoring prescribing competences. The MLCSU will provide non-medical prescribers with quarterly prescribing reports detailing prescribing by therapeutic area and highlighting any prescribing outside their declared areas of competence.

12.0 Adverse Drug Reaction Reporting

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

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

Electronic reporting is the method of choice and can be accessed from MHRA or in some cases via the GP's clinical system, for example, EMIS. Paper versions of the Yellow Card are included in the BNF.

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

13.0 Clinical Supervision and Continuing Professional Development

- Clinical supervision and continuing professional development are essential elements of the clinical governance framework for non-medical prescribing.
- The non-medical prescriber is responsible for their own ongoing professional

development and is expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe. Failure to do so may lead to fitness to practice concerns, which may be raised with the non-medical prescriber's professional body.

- Continuing professional development requirements should be identified at least annually, during the non-medical prescriber's appraisal process.
- The non-medical prescriber is required to maintain a continuing professional development portfolio, including a review of prescribing related critical incidents and learning from them.
- The clinical supervisor and the employer should ensure that the prescriber has access to relevant education, training and development opportunities.
- Continuing professional development may also be met by reading, clinical supervision, shadowing and clinical / peer review.
- Every non-medical prescriber should have access to clinical supervision in support of their practice, enabling practitioners to maintain and improve standards of care and develop their prescribing skills.
- The clinical supervisor is responsible for reviewing the non-medical prescriber's continuing professional development portfolio at agreed intervals, at least annually, for assurance purposes.
- The clinical supervisor and non-medical prescriber should agree how often they should meet to discuss competencies, prescribing and continuing professional development. The decision should take into account the experience of the non-medical prescriber and should be more frequent to support newly qualified non-medical prescribers or where there has been a change in role.
- All non-medical prescribers should conduct an appraisal of their own practice against the "A Competency Framework for all Prescribers" published by the Royal Pharmaceutical Society https://www.rpharms.com/resources/frameworks/prescribers-competency
- It is the responsibility of the non-medical prescriber to ensure that their clinical supervisor and employer/line manger are informed if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable or safe level. The non-medical prescriber should not continue with prescribing activities in this case until their needs have been addressed and their competence or confidence restored. It is the non-medical prescribers own professional responsibility to only work within their sphere of competence because they are responsible, as a professional, for any errors regardless of any external pressure applied by the practice/employer.

14.0 Locum/Agency/Contractor Non-Medical Prescribers

It is the responsibility of the practice (which engages with locum/agency/contractor non-medical prescribers) to:

- Have the necessary clinical governance infrastructure in place, to ensure safe prescribing practice is carried out by any locum/agency/contractor non-medical prescriber.
- Hold their own internal register of their locum/agency/contractor non-medical prescribers.

All practices should contact ICB NMP Lead where regular (ie once a week or more frequently) or extended period (ie greater than four weeks) non-medical prescribing

locums are being used. This will enable them to be registered with the NHSBSA for the duration of their service to the GP practice and allow for monitoring of their prescribing data.

15.0 The Equality and Health Inequalities Impact and Risk Assessment (EHIIRAs)

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

An EHIIRA has been completed for this policy and it has identified no significant issues in relation to human rights or equality, diversity, religion or belief, age, disability, race or ethnicity, sex or gender, sexual orientation, and socio-economic status.

16.0 Implementation and Dissemination

Dissemination will be via:

- MLCSU – direct email to all employers/line managers and non-medical prescribers on the non-medical prescribing register.
- Lancashire and South Cumbria Primary Care Training Hub – to include in Training Hub newsletter.
- GP Newsletter.
- Medicines Optimisation Locality Leads – for dissemination via local communication routes.

Notification to:

- Medicines Optimisation Locality Leads
- Chief Pharmacist
- Chief Medical Officer
- Director of Primary Care
- Chief Nursing Officer
- Chief Allied Health Professional
- Associate director of quality assurance
- Medicines Management Group

Implementation and training

All new non-medical prescribers will practice under a new scope of practice, as agreed with their clinical supervisor and outlined in this policy.

Existing non-medical prescribers will continue to prescribe against their existing approved scope of practice, until a prescriber wishes to make changes to their scope of practice, or they undertake an annual review, whichever occurs first.

The ICB NMP Lead will attend the following forums to raise awareness of the non-medical prescribing role, policy and benefits to patient and service delivery:

- Policy and Practice Group
- Appropriate Quality Meetings
- Pharmacy Meetings
- Non-medical prescribing forums

It is the responsibility of the employing organisation(s) to ensure that appropriate

mechanisms are in place to support the implementation of this policy, including appropriate training and maintenance of competency.

17.0 Monitoring and Review Arrangements

Individual non-medical prescribers are responsible for auditing and reviewing their prescribing practice, for example, against professional standards and/or clinical guidelines; the first review should be undertaken three to six months after the non-medical prescriber commences prescribing and annually thereafter. Evidence of these audits must be made available if requested by the ICB.

All incidents involving non-medical prescribing must be reported in line with the organisation's (GP practice, PCN etc) Significant Event Analysis policy.

The MLCSU and ICB NMP Lead are responsible for monitoring compliance with the Non-Medical Prescribing Policy at Division and Corporate Level.

To address any shortfalls identified an action plan will be put in place, which will have timescales included for re-audit / monitoring.

18.0 Consultation

The draft policy and governance framework was distributed, via email, to the mailing list held by MLCSU. This included practice managers and non-medical prescribers working in General Practice across Lancashire and South Cumbria. The below table highlights the professionals, including localities, who responded to the consultation.

All comments were reviewed, considered and where appropriate amendments made to the policy.

Date	Name of Individual or Group and Designation
June-August 2022	Heads of Medicines Optimisation
	Pharmacist Independent Prescribers (Fylde Coast)
	Quality Team (Morecambe Bay)
	Advanced Nurse Practitioner (Fylde Coast)
	Strategic Lead Lancashire & South Cumbria Primary Care Training Hub
	Practice Nurse Manager (Fylde Coast)
23.09.2022	Chief Pharmacist at place-based leads meeting
06.10.2022	Chief Pharmacist at place-based leads meeting
25.10.2022	Health Education England Meeting
11.11.2022	Lancashire And South Cumbria CSU Medicines Optimisation team
16.11.2022	Lancashire and South Cumbria Training Hub Meeting
Nov – Dec 2022	Doctor and Associate Medical Director for Primary Care (LSC ICB)
	Physiotherapist Independent Prescriber (West Lancashire)
	gtd Non-Medical Prescribing Lead
	Clinical Pharmacist prescriber (Blackpool)
	Practice Manager Irwell Medical Practice & Joint Lead Pennine Lancashire Training Hub
	Practice Clinical Pharmacist / Advanced Clinical Practitioner (Irwell Medical Practice)
	Clinical Pharmacist (Blackpool)

	Operations Manager (Morecambe Bay Training Hub)
	Clinical Pharmacist (Kirkham Health Centre)
16.01.2023	Chief Allied Health Professions Officer (LSC ICB)
01.03.2023	Pharmacist (Blackburn with Darwen)
02.03.2023	Senior Pharmacist Manager (Medicines Management ICB)
27.03.2023	Medicines Commissioning Pharmacist (Blackpool)

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Society of Radiographers. Practice Guidance for Radiographer Independent and/or Supplementary Prescribers. London: SoR; 2016

Associated trust/CCG/Intermediate care documents

Lincolnshire ICB Non-Medical Prescribing (NMP) Policy (2022)

Coventry and Warwickshire ICB Policy for Non-Medical Prescribing in General

Practice (2022)

Manchester Health and Care Commissioning Non-Medical Prescribing Policy (2019)

Wirral Health & Care Commissioning Non-Medical Prescribing Policy (2021)

20.0 Appendix

Appendix 1: Non-Medical Prescribers Approval to Practice form/Annual Declaration
Appendix 2: Professional prescribing restrictions for Non-Medical Prescribers
Appendix 3: Non-Medical Prescribing Governance Framework for General Practice

Appendix 1: Non-Medical Prescribers Approval to Practice form/Annual Declaration

This form must be returned before the non-medical prescriber can be registered with the NHS Business Services Authority (NHSBSA) and start prescribing in the practice. It must be updated annually and before any changes are made to prescribing practice.

DECLARATION (please cross box as appropriate)**:** NEW APPLICATION☐ AMENDMENT* (ie change in prescriber details, practice(s) or scope of practice)☐ ANNUAL DECLARATION☐ *****Non-medical prescribers are encouraged to use the Royal Pharmaceutical Society - Professional Guidance: Expanding Prescribing Scope of Practice document when they are looking into expanding/changing their scope of practice		
Prescriber's name:	**Title:** Mr / Mrs / Miss / Ms (please circle)	
Professional registration no.: (NMC/GPhC/HCPC no. or equivalent)		
Type of prescriber (please cross the box as appropriate): Community Practitioner Nurse Prescriber (V100, V150)☐ *Please note Community Practitioner Nurse Prescribers (V100, V150) DO NOT need to complete table 1 Scope of prescribing practice.* Nurse Independent Prescriber☐ Pharmacist Independent Prescriber☐ Physiotherapist Independent Prescriber☐ Optometrist Independent Prescriber☐ Dietician Supplementary Prescriber☐ Paramedic Independent Prescriber☐		
Profession: for example, Nurse/Pharmacist/Physiotherapist/Podiatrist/Paramedic/ Optometrist/Therapeutic Radiographer	**Date of qualification as a prescriber, for example, 20.02.2018:** For nurses this must match the date on the NMC register	
Base Practice Name & Address:	**Practice code:**	
Date that the prescriber commenced/will commence prescribing at the practice:	**Tel. No:**	
Job Title:	**Clinical Speciality:**	
Non-medical prescriber email address:	**Name of clinical supervisor/DPP:**	
Employer/line manager email address:		
Are you prescribing - Manually☒ Electronically☐ (Please cross ☒relevant boxes)		
Do you work as a prescriber in another Provider / Practice?	YES / NO If you have ticked 'yes', please also complete and submit the "SUPPLEMENTARY FORM FOR COMPLETION BY NON-MEDICAL PRESCRIBERS WORKING ACROSS MULTIPLE PRACTICES"	**Name(s) of Provider/Practice:**

Will you prescribe Schedule 2–5 Controlled Drugs? **YES / NO**	(Please cross ☒ relevant boxes) Schedule 2☐ eg diamorphine, Fentanyl Schedule 3 eg temazepam☐ Schedule 4☐ eg zopiclone, diazepam, testosterone Schedule 5☐ eg codeine based preparations, pholcodine
Will you prescribe for children under 12 years old? YES / NO Please refer to ICB Non-Medical Prescribing Governance Framework for General Practice for considerations when prescribing for children	
Please tick that you have read and agree to adhere to the ICB Non-Medical Prescribing Governance Framework for General Practice ☐	
Please tick that you have read and agree to adhere to the RPS, A competency framework for all prescribers ☐	

Table 1: Scope of Prescribing Practice

BNF chapter	Please tick	BNF chapter	Please tick
Chapter 1: Gastrointestinal system (all sections)		**Chapter 2: Cardiovascular system (all sections)**	
Chronic bowel disorders		Arrhythmias	
Constipation and bowel cleansing		Bleeding disorders	
Diarrhoea		Blood clots	
Disorders of gastric acid and ulceration		Blood pressure conditions	
Food allergy		Heart failure	
Gastro-intestinal smooth muscle spasm		Hyperlipidaemia	
Liver disorders and related conditions		Myocardial ischaemia	
Obesity		Oedema	
Rectal and anal disorders		Vascular disease	
Reduced exocrine secretions			
Stoma care			
Chapter 3: Respiratory system (all sections)		**Chapter 4: Nervous system (all sections)**	
Airway disease, obstructive		Dementia	
Allergic conditions		Epilepsy and other seizure disorders	
Conditions affecting sputum viscosity		Mental health disorders	
Cough and congestion		Movement disorders	
Idiopathic pulmonary fibrosis		Nausea and labyrinth disorders	
Respiratory depression, respiratory distress syndrome and apnoea		Pain	
		Sleep disorders	
Chapter 5: Infection (all sections)		Substance dependence	
Amoebic infection			
Bacterial infection		**Chapter 6: Endocrine system (all sections)**	
Fungal infection		Antidiuretic hormone disorders	
Helminth infection		Corticosteroid responsive conditions	
Protozoal infection		Diabetes mellitus and hypoglycaemia	
Viral infection		Disorders of bone metabolism	
Chapter 7: Genito-urinary system (all sections)		Dopamine responsive conditions	
Bladder and urinary disorders		Gonadotrophin responsive conditions	
Bladder instillations and urological surgery		Hypothalamic and anterior pituitary hormone related disorders	
Contraception		Sex hormone responsive conditions	
Erectile and ejaculatory conditions		Thyroid disorders	
Gynaecological conditions			
Obstetrics			
Vaginal and vulval conditions			

BNF chapter	Please tick	BNF chapter	Please tick
Chapter 8: Immune system and malignant disease (all sections)		**Chapter 9: Blood and Nutrition (all sections)**	
Immune system disorders and transplantation		Anaemias	
Antibody responsive malignancy		Iron overload	
Carcinoid syndrome		Neutropenia and stem cell mobilisation	
Cytotoxic responsive malignancy		Platelet disorders	
Hormone responsive malignancy		Fluid and electrolyte imbalances	
Immunotherapy responsive malignancy		Metabolic disorders	
Photodynamic therapy responsive malignancy		Mineral and trace elements deficiencies	
Target therapy responsive malignancy		Nutrition (intravenous)	
		Nutrition (oral)	
Chapter 10: Musculoskeletal system (all sections)		Vitamin deficiency	
Arthritis			
Hyperuricaemia and gout		**Chapter 11: Eye (all sections)**	
Neuromuscular disorders		Allergic and inflammatory eye conditions	
Pain and inflammation in musculoskeletal disorders		Dry eye conditions	
Soft tissue and joint disorders		Eye infections	
		Eye procedures	
Chapter 12: Ear, Nose & Oropharynx (all sections)		Glaucoma and ocular hypertension	
Otitis externa		Retinal disorders	
Otitis media			
Removal of earwax		**Chapter 13: Skin (all sections)**	
Nasal congestion		Dry and scaling skin disorders	
Nasal infection		Infections of the skin	
Nasal inflammation, nasal polyps and rhinitis		Inflammatory skin conditions	
Dry mouth		Perspiration	
Oral hygiene		Pruritus	
Oral ulceration and inflammation		Rosacea and acne	
Oropharyngeal bacterial infections		Scalp and hair conditions	
Oropharyngeal fungal infections		Skin cleansers, antiseptics and desloughing agents	
Oropharyngeal viral infections		Skin disfigurement	
		Sun protection and photodamage	
Chapter 14: Vaccines (all sections)		Superficial soft-tissue injuries and superficial thrombophlebitis	
Immunoglobulin therapy		Warts and calluses	
Post-exposure prophylaxis			
Tuberculosis diagnostic test		**Chapter 15: Anaesthesia (all sections)**	
Vaccination		Anaesthetic adjuvants	
		Malignant hyperthermia	
Other (please specify, eg, wound management, products, appliances, elasticated garments)		**Chapter 16:** Emergency treatment of poisoning	

In line with the ICB Policy for Non-Medical Prescribing in General Practice and ICB Non-Medical Prescribing Governance Framework for General Practice, I have discussed and agreed my areas of practice and competence with my GP clinical supervisor/DPP and they confirm that I am competent to take a patient history, undertake a clinical assessment and diagnose within the area and field of practice identified.

Note: The GP clinical supervisor/DPP is responsible for providing support and mentorship and for monitoring competencies, prescribing and a prescriber's CPD portfolio at agreed intervals (minimum once per year)

Signing this form:

- **provides an assurance regarding its review and confirms that you agree to your roles and responsibilities as defined in Appendix 3 – ICB Non-Medical Prescribing Governance Framework for General Practice**
- **confirms your consent to share your details with MLCSU for the purposes stated under the confidentiality section below.**

	NAME	PROFESSION	SIGNATURE	DATE
Non-medical prescriber	…….	……..	……..	……
Clinical Supervisor/DPP	…….	……..	……..	……
Employer/line manager	…….	……..	……..	……

Please email the completed interactive form(s) to: mlcsu.nmpregister@nhs.net
Secure Emails: To ensure data is sent safely and securely you must submit this form via an NHSmail email address eg nhs.net or nhs.uk

Please ensure that you inform us promptly if the non-medical prescriber leaves this practice so that they can be de-registered with NHSBSA

Confidentiality:

The information you provide on this form (and the supplementary form) will be used to support your registration with the NHSBSA and your addition on to the ICB non-medical prescribing register, enabling you to start prescribing within your practice(s).
Following the introduction of the Data Protection Act 2018 and General Data Protection Regulation (GDPR), NHS Lancashire and South Cumbria ICB would like to make you aware of the following:

- The MLCSU will only share your information with the NHSBSA for the purpose of processing your application.
- The completed documents will be held in line with MLCSU's retention schedules and in line with NHS England Records Management Code of Practice.
- MLCSU will share your details with the Lancashire and South Cumbria ICBs Non-Medical Prescribing Lead to support the ICBs governance processes for non-medical prescribing (see Appendix 3 - ICB Non-Medical Prescribing Governance Framework for General Practice).

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

Further information on the ICBs data processing activities and how you can exercise your individual rights (which meet the Data Protection Act 2018 and GDPR) can be found on the
Lancashire and South Cumbria's Privacy Notice.

MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT

NHS Lancashire and South Cumbria Integrated Care Board

SUPPLEMENTARY FORM FOR COMPLETION BY NON-MEDICAL PRESCRIBERS WORKING ACROSS MULTIPLE PRACTICES

Non-Medical Prescriber Details

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

To be completed by the GP Clinical Supervisor/DPP

I can confirm as the GP Clinical Supervisor/DPP of the non-medical prescriber that I take responsibility for the oversight of the non-medical prescriber's prescribing competencies working across all the practices they are registered with.

GP Clinical Supervisor/DPP Signature: ..... Name (**PLEASE PRINT**):

…...…… Date: …… Contact details/email address: ……..…….

To be completed by the practice manager of each additional practice where the non-medical prescriber will prescribe

By signing this form, practices are authorising the MLCSU to register the non-medical prescriber with the NHS Business Services Authority as a prescriber for the practices below. Oversight of prescribing will rest with the non-medical prescriber's GP Clinical Supervisor/DPP.

Practice Name	Practice Address	Practice Code	Non-medical prescriber start date at practice (dd/mm/yy)	Practice Manager of practice (PRINT NAME)	Practice Manager of practice (Signature)

Appendix 2: Professional prescribing restrictions for Non-Medical Prescribers

Type of Non-Medical Prescriber	Allowable items/scope	Can Controlled Drugs (CDs) Schedule 2-5, including codeine and co-codamol, be prescribed?	Can Off-Label Medicines be prescribed?	Can Unlicensed Medicines be prescribed?
Nurse Independent Prescriber (including Midwife Independent Prescriber)	Can prescribe licensed medicines for any medical condition within their competence/scope of practice.*	Yes – any controlled drug (CD) schedule 2,3, 4 or 5, except for cocaine, dipipanone or diamorphine for treating addiction.	Yes (subject to accepted clinical good practice)	Yes (subject to accepted clinical good practice)
Pharmacist Independent Prescriber	Licensed medicines for any medical condition within their competence/scope of practice.*	Yes – any CD schedule 2,3, 4 or 5, except for cocaine, dipipanone or diamorphine for treating addiction.	Yes (subject to accepted clinical good practice)	Yes (subject to accepted clinical good practice)
Physiotherapist Independent Prescriber	Licensed medicines for any medical condition within their competence/scope of practice and within the overarching framework of human movement, performance and function.*	Yes – limited list. The following CDs for the treatment of organic disease or injury provided that the CD is prescribed to be administered by the specified method: • Diazepam, Dihydrocodeine, Lorazepam, Morphine, Oxycodone, Temazepam, by oral administration; • Morphine for injectable administration; and • Fentanyl for transdermal administration.	Yes (subject to accepted clinical good practice)	No
Chiropodist / Podiatrist Independent Prescriber	Licensed medicines for any medical condition within their competence/scope of practice and relevant to the treatment of disorders affecting the foot, ankle and associated structures.*	Yes – limited list. The following CDs for the treatment of organic disease or injury provided that the CD is prescribed to be administered by the specified method: • Diazepam by oral administration; • Dihydrocodeine by oral administration; • Lorazepam by oral administration; and • Temazepam by oral administration.	Yes (subject to accepted clinical good practice)	No
Optometrist Independent Prescriber	Licensed medicines for ocular conditions affecting the eye and surrounding tissue only, within recognised area of expertise and competence/scope of practice. Cannot prescribe parenteral medicines.*	No	Yes (subject to accepted clinical good practice)	No
Therapeutic Radiographer Independent Prescriber	Any licensed medicine, within national and local guidelines, for any medical condition within their competence/scope of practice and the overarching framework of treatment of cancer.	No	Yes (subject to accepted clinical good practice)	No
Paramedic Independent Prescriber	Licensed medicines for any medical condition within their competence/scope of practice.*	No	Yes (subject to accepted clinical good practice)	No
Community Practitioner Nurse Prescriber (V100/V150)	Restricted to dressings, appliances and licensed medicines which are listed in the Nurse Prescribers' Formulary for Community Practitioners (see BNF).	No	No. Only exception is nystatin off-label for neonates.	No
Supplementary prescriber	There are no legal restrictions on clinical conditions to be treated under supplementary prescribing, but this must be done as part of an agreed Clinical Management Plan (CMP) and within the prescriber's area of competence.*	Yes – any CD schedule 2, 3, 4 or 5 (except diamorphine, cocaine and dipipanone for the treatment of addiction), providing it is in accordance with the patient's CMP.	Yes, as part of CMP	Yes, as part of CMP

**NHS prescribers must not prescribe medicines that appear in Part XVIIIA (drugs, medicines and other substances that may not be ordered under the NHS) of the drug tariff at NHS expense.*

Appendix 3:

Non-Medical Prescribing Governance Framework for General Practice

1.0 Introduction

The development of a local governance framework is necessary to ensure non-medical prescribing (NMP) practice in General Practice is governed by robust procedures and processes necessary to preserve patient safety and safeguard non-medical prescribers (NMPs).

2.0 Purpose

This framework provides assurances to NHS Lancashire and South Cumbria ICB that the practice of NMP is underpinned by a strong governance process, which is monitored through robust line and professional management structures. The framework enables NMPs to function in line with professional standards, national guidance and legislation, and should be read in conjunction with the following documents:

- NHS Lancashire and South Cumbria Integrated Care Board Policy for Non-Medical Prescribing in General Practice
- A Competency Framework for all Prescribers | Royal Pharmaceutical Society (RPS) (rpharms.com) (2021)

3.0 Scope

This framework is applicable to all non-medical prescribers, including temporary staff, for example, bank, agency, locum non-medical prescribers, working in or employed by General Practice/GP Federation/Alliance/Primary Care Network; their line managers and supervisors (including Designated Medical Practitioners (DMPs) and Designated Prescribing Practitioners (DPPs)). It covers primary care staff including practice nurses, pharmacists and allied healthcare professionals (AHPs).

This framework is **not applicable** to non-medical prescribers working in:

- community pharmacy;
- Trusts;
- NHS 111;
- independent sector healthcare providers/private organisations who are commissioned to provide NHS services for NHS Lancashire and South Cumbria Integrated Care Board (eg East Lancashire Medical Services (ELMS), Urgent Care, Regulated Care, Hospices, Prisons, *gtd* healthcare etc); and
- non-NHS prescribing by independent contractors, for example, private prescriptions in community pharmacy practice.

The above organisations are encouraged to have their own governance/Non-Medical Prescribing (NMP) Lead, whose responsibility will be to support, manage, register their non-medical prescribers with the NHS Business Services Authority (NHSBSA), and ensure appropriate clinical governance structures are in place for their non-medical prescribers.

This framework also does not cover other methods of providing medicines to patients such as Patient Group Directions (PGDs); Patient Specific Directions (PSD); or the prescribing of borderline substances in secondary care by dieticians and speech and language therapists.

This framework applies to three categories of non-medical prescribers: Independent

prescribers, Supplementary prescribers and Community Practitioner Nurse Prescribers.

4.0 Roles and Responsibilities

The **Non-medical prescriber** must:

- Adhere to ICB policies, including the NHS Lancashire and South Cumbria Integrated Care Board Policy for Non-Medical Prescribing in General Practice, the law, local/national guidelines and their relevant professional regulatory body's Standards of Practice.
- Seek ongoing commitment of a DPP.
- If new to prescribing, meet with their DPP after issuing first prescription to reflect on the experience and obtain guidance and support.
- Ensure that their professional registration is current and active, with their non-medical prescribing role registered with their professional body.
- Ensure their role as a prescriber is clearly described in their job description.
- Where appropriate, have separate professional indemnity insurance as outlined by their professional body.
- Remain up to date on therapeutics in their field of prescribing practice, and to changes to national and local prescribing guidelines.
- Provide evidence-based, safe, cost-effective prescribing for their patients at all times, which is patient centered and responds to patient's needs, accepting responsibility and accountability, and referring patients to other healthcare professionals as necessary.
- Take full responsibility and accountability for history taking and clinical assessments undertaken, their prescribing decisions and practice.
- Only prescribe medicines which they are legally entitled to (see Appendix 2 of NHS Lancashire and South Cumbria Integrated Care Board Policy for Non-Medical Prescribing in General Practice) and that are within their scope of practice, their clinical competence and approved service / organisational formularies.
- Maintain accurate, legible, unambiguous, contemporaneous records of patient care, which identifies them as the non-medical prescriber, including details of all prescriptions issued. For further guidance please see the following link: Effective record keeping - The MDU.
- Monitor and review patients' progress and response to treatment and takes action accordingly, whilst patient is under their direct care.
- Ensure patients understand their rights in relation to non-medical prescribing (patients have the right to refuse treatment/prescribing from a non-medical prescriber).
- Liaise with other healthcare providers, as appropriate, in accordance with service policies; ensuring patients are referred to other healthcare professionals when necessary.
- Ensure that prescriptions are legible, legal and in accordance with the BNF 'prescription writing' requirements.
- Ensure they comply with the organisation's (GP practice, Primary Care Network (PCN) etc) procedures, systems and processes on prescription stationary. The security of prescription forms is the responsibility of both the employing organisation and the individual prescriber.

- Ensure they are set up on the electronic prescribing system correctly so that any electronic prescriptions/printed FP10s bear their own name and professional registration number/PIN number.
- Ensure their smartcard has been configured with the correct role-based access control (RBAC) activity for their prescriber type - B0420 for independent prescribing, B0440 for supplementary prescribing and B0058 for nurse prescribers formulary (NPF) prescribing.
- Reflect and identify their own training needs through the use of a Personal Development Plan and in conjunction with the Royal Pharmaceutical Society's A Competency Framework for All Prescribers.
- Ensure they engage in appropriate continuing professional development (CPD), supervision and submit evidence of their ongoing competence to prescribe when requested.
- Report all patient safety incidents in accordance with their organisation's (GP practice, PCN etc) Significant Event Analysis policy.
- Ensure that they have access to pharmaceutical resources, for example, local formularies, bulletins, local and national guidelines, and use the current version of the BNF/BNF for children/NPF, as appropriate.
- Cooperate with any investigations into their prescribing practice.
- Maintain a scope of practice that is up to date, if acting as an independent non-medical prescriber.
- Ensure any change/expansion in their scope of practice is done in a structured manner and following discussion and agreement with their clinical supervisor. (**Non-medical prescribers are encouraged to use the Royal Pharmaceutical Society - Professional Guidance: Expanding Prescribing Scope of Practice document when they are looking into expanding/changing their scope of practice**).
- Never prescribe for themselves, friends or family members.
- Not routinely sign repeat prescriptions, unless the medicines involved are within their scope of practice/competency. (**Non-medical prescribers must be aware by signing repeat prescriptions they do so in the knowledge that they are responsible as the signatory of the prescription and are accountable for their practice)**.
  Before signing a repeat prescription the non-medical prescriber must be satisfied that:
  - It is safe and appropriate to do so (the non-medical prescriber should undertake their own assessment of the patient to ensure the medicine is safe, appropriate and meets clinical need).
  - 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 the GP practice prescribing policy.
  - Suitable provision is in place for monitoring each patient condition and monitoring is up-to-date.
  - There is a suitable referral pathway for patients requiring further assessment or treatment.
  - The prescription bears their own name and professional registration number/PIN number as the signatory of the prescription.

- Follow professional body standards and national guidance on administration of medicines. Where possible, prescribing and administration should remain separate activities. If this is not possible The Royal Pharmaceutical society and Royal college of nursing's "Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines" advises that a risk assessment must be undertaken.
- Supplementary prescribers must follow the agreed clinical management plan and not make adjustments to it unless these have been agreed with the doctor (or dentist) involved.
- Only prescribe for children if they have the relevant knowledge, competence, skills and experience in caring for children. (**NMPs must demonstrate that they can take an appropriate history, undertake a clinical assessment and make an appropriate diagnosis, having considered the legal, cognitive, emotional and physical differences between children and adults and refer to another prescriber when working outside their area of expertise and level of competence. Medicines prescribed for children are often unlicensed or prescribed off label**).
- Provide evidence of their ongoing competence to prescribe to their DPP/employer/line manager, audits their own practice annually and completes the annual declaration form. (Failure to complete the annual declaration form with documentation describing their ongoing competence will lead to escalation (see section 7)).
- Reviews their quarterly prescribing data and addresses any concerns identified/raised by ICB NMP Lead.
- Inform their employer/line manager of any changes in their role and circumstances, including contact details.
- Notify their employer/line manager and/or DPP of changes to scope of practice.

Employers/Line Managers must:

- Provide the non-medical prescriber with an induction, to enable them to carry out the work they are being engaged to do (including appropriate IT system login/access, buildings/departmental access and the process for escalating concerns).
- Ensure the non-medical prescriber has access to a DPP/appropriate supervision to support them to prescribe. The DPP/supervisor should be a person separate from the line manager.
- Ensure the non-medical prescriber has appropriate indemnity insurance to cover their role as a prescriber and for all possible claims, other than clinical negligence. (From 1st April 2019, NHS Resolution operate a new state-backed indemnity scheme for general practice in England called the Clinical Negligence Scheme for General Practice (CNSGP), which covers all of general practice, including out-of-hours and all staff groups).
- Confirm and verify that the non-medical prescriber has completed the necessary training/courses and supervised practice in order to prescribe in their field of practice.
- Ensure the non-medical prescriber has an up-to-date enhanced DBS certificate, which meets the organisation's requirements, for example, the GP practice, PCN etc.
- Ensure the non-medical prescriber has completed all mandatory training, for example, safeguarding training etc.

- Ensure pre-employment checks are undertaken (if a non-medical prescriber is through an agency or federation, it is the responsibility of the GP practice, PCN etc to ensure the agency has carried out the pre-employment checks).
- Gain assurance that the non-medical prescriber has read and understood the NHS Lancashire and South Cumbria Integrated Care Board Policy for Non-Medical Prescribing in General Practice and Governance Framework.
- Ensure the non-medical prescriber's job description has been altered to clearly identify their scope to practice as a non-medical prescriber, and includes their role and responsibilities in relation to non-medical prescribing.
- Gain assurance that the NMP qualification has been registered with the prescriber's professional regulatory body. The organisation (GP practice, PCN etc) must be aware if the non-medical prescriber has any restrictions on their practice and that they will be able to work within these restrictions.
- Ensure the prescriber completes their application to join the ICB NMP register by completing their approval to practice form.
- Provide the non-medical prescriber with prescription pads if appropriate.
- Ensure the non-medical prescriber has access to the practice/provider prescribing budget.
- Ensure the non-medical prescriber is authorised and set up on the electronic prescribing system, for example, EMIS, when they start with the organisation (GP practice, PCN etc) and removed off the system when they leave the organisation.
- Ensure the non-medical prescriber's smartcard has been configured with the correct role-based access control (RBAC) activity - B0420 for independent prescribing, B0440 for supplementary prescribing and B0058 for nurse prescribers formulary (NPF) prescribing. Contact your Registration Authority (RA) to configure smardcards.
- Ensure the organisation (GP practice, PCN etc) has appropriate procedures and systems in place to ensure, as far as practicable, that all prescription stationery is properly protected, secured, and managed, in line with NHS Counter Fraud Authority (NHSCFA) policy on 'Management and Control of Prescription forms'.
- Ensure the organisation (GP practice, PCN etc) has the necessary policies and procedures in place to ensure the quality of care that patients receive from a non-medical prescriber is not compromised, and for securing patient safety (see Appendix A).
- Notify the Midlands and Lancashire Commissioning Support Unit (MLCSU) of any NMPs who leave the service or cease prescribing as soon as possible in writing (ie, email), ensuring any FP10 prescription pads for these staff have been returned for safe destruction.
- Notify the ICB NMP Lead if a non-medical prescriber is absent from work for over six months within a twelve-month period eg maternity leave, long term sick or sabbatical, to ensure on return to work, where appropriate, structures are put into place to ensure they are fit to practice to prescribe.
- Ensure that NMPs take appropriate action in the case of lost or stolen prescription pads in line with local policies/procedures.

- Ensure the non-medical prescriber completes their annual declaration, reviews their quarterly prescribing data and addresses any concerns identified/raised by ICB NMP Lead.
- Ensure the non-medical prescriber is supported in their appraisal preparation and allocated time to undertake CPD.
- Through annual appraisal, ensure that all NMPs are working to current practice, they complete their annual declaration and that registration to practice is renewed and valid.
- Raise any concerns related to the non-medical prescriber's practice with the DPP and ICB NMP Lead to ensure structures are put into place to overcome relevant issues. The ICB NMP Lead will liaise with ICB professional lead(s)/ICB multi-professional oversight group, and if appropriate can recall the approval to practice until such a time that the issues are resolved.
- Ensure that the ICB NMP lead and MLCSU is made aware of any changes in the non-medical prescriber's role and circumstances, including contact details.

The **Supervisor/Designated Prescribing Practitioner (DPP)** must:

- In addition to, and separate from, the employer/line manager, confirm that the non-medical prescriber has completed the necessary training/courses in order to prescribe and provided evidence of such.
- Assess and verify that, the non-medical prescriber has demonstrated the required knowledge and reasoning and is competent to safely and effectively prescribe in their field of practice.
- Act as a clinical supervisor to the non-medical prescriber throughout training and thereafter, and promotes a culture of continued learning and development.
- Take responsibility, with the employer/line manager, for ensuring the non-medical prescriber is competent to prescribe within their scope of practice.
- Take responsibility for signing the approval to practice form.
- Where the scope of practice includes, specialist medicines, Controlled Drugs, off-label prescribing, prescribing for children and high-risk medicines, verifies that the non-medical prescriber has the appropriate level of training and experience and is competent to safely prescribe these medicines.
- Use the RPS 'A Competency Framework for all Prescribers 2021' to assess ongoing competence to prescribe in any ongoing and future supervision once the non-medical prescriber is on the ICB NMP register.
- Actively monitor prescribing competencies and the non-medical prescriber's continuing professional development (CPD) portfolio at agreed intervals (minimum once a year). This should be more frequent for new non-medical prescribers, which should be monitored every quarter for the first year. The monitoring interval should be agreed with the non-medical prescriber and should be dependent on their needs and further learning and development they may be undertaking to expand their area of practice and competence.
- Provide ongoing support and mentorship to ensure safe prescribing practice and undertake annual appraisal of prescribing activity to ensure adherence to local and national guidance.

- Support the process of demonstration to the ICB of continued competence for the non-medical prescriber to prescribe by signing the annual declaration form.
- Identify and address concerns regarding a non-medical prescriber and escalate concerns to the line manager/employer and ICB NMP Lead, where appropriate.

The **ICB NMP Lead** will be responsible for:

- Processing applications for the non-medical prescribing course (in collaboration with Primary Care Training Hub Locality Leads, ICB multi-professional oversight group and place-based Heads of Medicine Optimisation).
- Working with the Lancashire and South Cumbria Primary Care Training Hub to complete the application process to include any financial sponsorship required.
- Providing NMPs with their quarterly prescribing data and reports detailing prescribing by therapeutic area and highlighting any prescribing outside their declared areas of competence/scope of practice.
- Escalating any non-medical prescribing issues that haven't been dealt with at practice level to the appropriate personnel / ICB committee.

The **Midlands and Lancashire Commissioning Support Unit (MLCSU)** operate a Tier 3 service for the ICB and will be responsible for:

- Ensuring there is an up-to-date register/database of non-medical prescribers working within General Practice / GP Federation / Alliance / Primary Care Network. (Details of all non-medical prescribers must be retained on the register for six years after the prescriber ceases working for the practice).
- Registering NMPs with the NHS Business Services Authority (NHSBSA) following receipt of an approval to practice form. (Prior to registering NMPs with the NHSBSA the MLCSU check professional registers to ensure prescribing qualification is annotated and that there is no fitness to practice concerns).
- De-registering NMPs with the NHSBSA once they have received confirmation from the employer/line manager that a non-medical prescriber has left.
- Ensuring NMPs complete and submit their annual declaration when due.
- Reviewing NMPs quarterly prescribing data and reports and highlighting any prescribing outside declared areas of competence/scope of practice to the ICB NMP Lead.
- Escalating any non-medical prescribing issues to the ICB NMP Lead.

The **Lancashire and South Cumbria Primary Care Training Hub** will be responsible for:

- Promoting profession specific funding routes to undertake non-medical prescribing.
- Providing training information and ongoing support throughout the application stage.
- Providing Higher Educational Institutes (HEIs) with necessary sponsorship documentation where appropriate.

5.0 CQC requirements

With a growing number of non-medical prescribers in primary care, CQC have set out their requirements that practices must fulfil to mitigate risks to patient care. Recently updated

guidance can be found on the following link. The CQC state the following:

"Non-medical prescribers should work to the Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers'. They should not prescribe outside their competency. Practices should have systems to make sure they are working within the limits of their competency.

Practices must also provide staff with appropriate supervision and allocate an appropriate senior member of the primary care team to provide day-to-day supervision of all clinical staff. Health Education England has published guidance for employers on Workplace Supervision for Advanced Clinical Practice. The Health and Care Professions Council has also published guidance for allied health professionals on supervision standards."

CQC expect practices to have systems or processes in place to assess, monitor and mitigate risks relating to the health, safety and welfare of patients. This expectation is irrespective of who holds the employment contract. It is therefore vital that practices can demonstrate how they ensure that their staff, including non-medical prescribers, are:

- suitably qualified, competent and experienced,
- possess the skills knowledge and experience to deliver safe and effective care.

6.0 Professional body/statutory requirements

All professional bodies (Nursing and Midwifery Council (NMC) for nurses, General Pharmaceutical Council (GPhC) for pharmacists and Health and Care Professions Council (HCPC) for allied health professionals) have adopted the RPS 'A Competency Framework for all Prescribers' (the Framework) as its standards for all prescribers.

The competencies detailed in the Framework set out the knowledge, understanding and skills that a healthcare professional must have when they complete their prescribing training, and which they must continue to meet once in practice.

The Framework has been used to support the development of this document.

7.0 Governance processes

To monitor compliance with the NHS Lancashire and South Cumbria Integrated Care Board Policy for Non-Medical Prescribing in General Practice and this governance framework, the ICB NMP Lead may conduct an annual audit to review organisation's internal registers and non-medical prescriber documentation, such as scope of practice etc.

The Midlands and Lancashire Commissioning Support Unit (MLCSU) must ensure the NMP register is made available to the ICB NMP Lead when requested.

The ICB NMP Lead will provide NMPs with their quarterly prescribing data and reports detailing prescribing by therapeutic area, and highlighting any prescribing outside of declared areas of competence/scope of practice.

Appendix C and D highlight how prescribing concerns and non-compliance with the ICB processes for approval to practice and annual declarations will be managed.

8.0 Appendix

Appendix A: Employer checklist
Appendix B: Quarterly prescribing review form
Appendix C: Governance process for annual declaration/approval to practice
Appendix D: Governance process for quarterly prescribing data review and dissemination
Appendix E: Rapid Learning Review Form (template)

Appendix A

Employer Checklist

Employers will have overall legal responsibility for the quality of care that patients receive and for securing patient safety. It is vital therefore that they have the necessary policies and procedures in place to support the safe prescribing practice of non-medical prescribers. The below checklist can be used as a guide (please note this is not an exhaustive list).

All SOPs/policies/protocols etc must go through the respective employer's governance process for sign off/approval prior to use and circulation.

Procedure/Protocol/Standing Operating Procedure (SOP)	**Tick to confirm**
Annual check that non-medical prescriber maintains their registration as a non-medical prescriber with the appropriate regulatory body, for example, HCPC, NMC, GPhC	
SOP for registration and de-registration of NMPs with NHS Business Services Authority (NHSBSA)	
Access to and aware of NHS Lancashire and South Cumbria Integrated Care Board Policy for Non-Medical Prescribing in General Practice and Governance Framework	
SOP for addition and removal of NMPs from electronic prescribing system, for example, EMIS, and smartcard activation/deactivation. (Employers must ensure all equipment provided to a non-medical prescriber during their employment, for example, laptop(s), phone(s), iPad(s) are returned to the practice once employment ceases)	
SOP for management of medicine-related stationary & prescription forms (To cover ordering, receiving, storage, supply and return of FP10s, managing lost/stolen FP10s, managing unused/obsolete FP10s) (Note: systems and procedures must be in line with the NHS Counter Fraud Authority (NHSCFA) policy on 'Management and Control of Prescription forms')	
Electronic Prescribing Service (EPS): Protocol for the electronic issue of prescriptions including repeat dispensing which meets clinical governance and risk management issues	
SOP for managing medicine safety alerts, warnings and recalls	
SOP for staff training, appraisals and records (Employers must ensure NMPs attend supervision and have access to appropriate continuing professional development opportunities)	
SOP for managing and reporting medicine related incidents	
SOP for safe disposal of sharps	
SOP for safe management of oxygen	
SOP for the ordering, storing, administering, supplying, recording, and destruction of medicines, including controlled drugs	
Pathway/SOP for managing safeguarding concerns	

Appendix B:

Non-medical prescriber review of Quarterly Prescribing Form

Non-medical prescriber (Print name):	Date of review
Supervisor (print name):	
Date/quarter of prescribing data:	
Review of all medication other than controlled drugs	
Please list any prescribing outside your agreed scope of practice. Explain why and what action you are going to take to ensure prescribing is within your agreed scope of practice, for example, change in scope of practice if competency agreed by clinical supervisor/DPP, further training before competency agreed, action taken to ensure no future prescribing.	
Review of branded, non-formulary/BLACK/RED formulary items	
Have any branded, non-formulary, BLACK or formulary RED items been prescribed? **Yes / No** Is there a valid reason for prescribing branded, non-formulary items, BLACK formulary items? **Yes / No** If 'No' please state what action will be taken to ensure no future prescribing of such items. What actions will you take to ensure no future prescribing of formulary RED items?	
Review of controlled drugs	
Are you authorised to prescribe controlled drugs? **Yes / No**	
Have you prescribed controlled drugs? **Yes / No**	
Please list any prescribing outside your agreed scope of practice. Explain why and what action you are going to take to ensure prescribing is within your scope of practice, for example change in scope of practice if competency agreed by clinical supervisor/DPP, further training before competency agreed, action taken to ensure no future prescribing.	
Signature of non-medical prescriber:	
Signature of clinical supervisor/DPP:	

Please ensure the updated annual declaration/scope of practice form is emailed to MLCSU.nmpregister@nhs.net ***and*** *ICB NMP Lead.*

Appendix C

MLCSU to run quarterly ePACT2/ NHSBSA data to show NMPs prescribing at practices across NHS Lancashire and South Cumbria ICB.

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MLCSU review data and send employer/line manager and/or NMPs an email to invite them to confirm validation of NMPs in their practice and completion of annual declaration.

↓

After two weeks: If no response a reminder email is sent to employer/line manager and/or NMPs requesting for:

- Validation of NMPs working in the practice.
- Completion of annual declaration.

↓

After one week: If no response a phone call and/or a second reminder email is sent to employer/line manager and/or NMPs requesting for:

- Validation of NMPs working in the practice.
- Completion of annual declaration.

↓

MLCSU escalate non-compliance to ICB NMP Lead and await advice/instructions.

↓

ICB NMP Lead to follow up and investigate non-compliance with employer/line manager and/or non-medical prescriber.

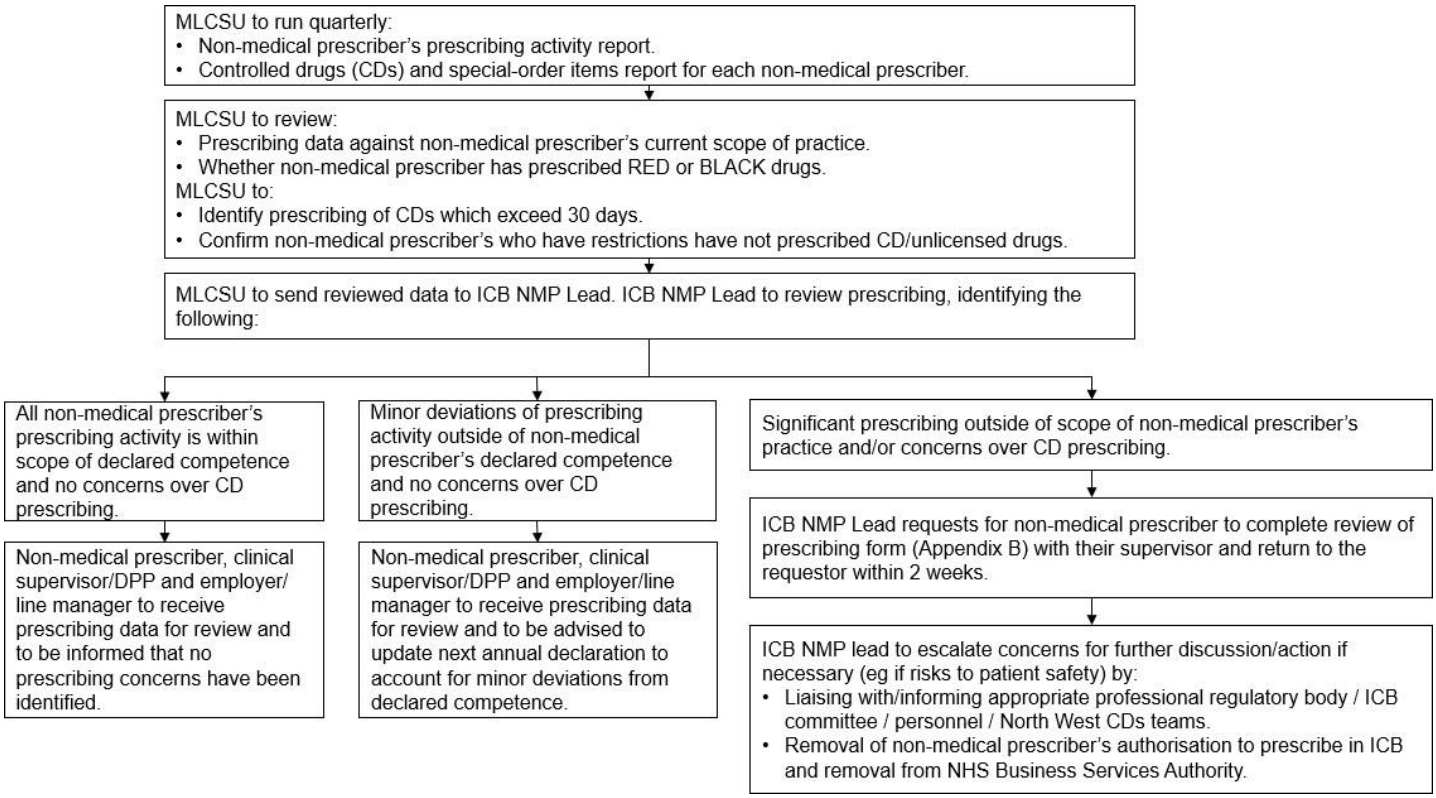
↓

Employer/line manager and non-medical prescriber comply and complete necessary documentation and these are submitted to the MLCSU.

Non-compliance:

- Formal letter to be sent to employer/line manager and non-medical prescriber informing them that the non-medical prescribing practice is not supported by the ICB.
- Additional action will be taken where required eg if a risk to patient safety is identified, including, but not limited to the following:
  - liaising with/informing the prescribers professional regulatory body of any concerns/activities;
  - escalation of concerns to the appropriate ICB committee / personnel / North West Controlled Drugs Team for further discussion and actions;
  - removal of the non-medical prescriber's authorisation to prescribe in the ICB and removal from the NHS Business Services Authority (NHSBSA).

Appendix D


MLCSU to run quarterly:
• Non-medical prescriber's prescribing activity report.
• Controlled drugs (CDs) and special-order items report for each non-medical prescriber.
MLCSU to review:
• Prescribing data against non-medical prescriber's current scope of practice.
• Whether non-medical prescriber has prescribed RED or BLACK drugs.
MLCSU to:
• Identify prescribing of CDs which exceed 30 days.
• Confirm non-medical prescriber's who have restrictions have not prescribed CD/unlicensed drugs.
MLCSU to send reviewed data to ICB NMP Lead. ICB NMP Lead to review prescribing, identifying the following:
All non-medical prescriber's prescribing activity is within scope of declared competence and no concerns over CD prescribing.
Non-medical prescriber, clinical supervisor/DPP and employer/ line manager to receive prescribing data for review and to be informed that no prescribing concerns have been identified.
Minor deviations of prescribing activity outside of non-medical prescriber's declared competence and no concerns over CD prescribing.
Non-medical prescriber, clinical supervisor/DPP and employer/line manager to receive prescribing data for review and to be advised to update next annual declaration to account for minor deviations from declared competence.
Significant prescribing outside of scope of non-medical prescriber's practice and/or concerns over CD prescribing.
ICB NMP Lead requests for non-medical prescriber to complete review of prescribing form (Appendix B) with their supervisor and return to the requestor within 2 weeks.
ICB NMP lead to escalate concerns for further discussion/action if necessary (eg if risks to patient safety) by:
• Liaising with/informing appropriate professional regulatory body / ICB committee / personnel / North West CDs teams.
• Removal of non-medical prescriber's authorisation to prescribe in ICB and removal from NHS Business Services Authority.

Appendix E

Rapid Learning Review

Incident Number:	
Incident Date:	
Location:	

Outline of what happened

Initial key findings – patient outcome, contributory factors and any issues identified that need addressing

Duty of Candour

The legal Duty of Candour only applies to incidents where moderate or above harm has occurred; this means that the patient must be informed of what has happened and what this means for them, and any actions being taken. What it does NOT mean is that an investigation has to take place.

Does duty of Candour apply?

Has the patient and /or relatives been informed of the incident?

Is there a plan in place to share this review document with the patient or family?

Actions

Immediate Actions already taken

No	Completed Action(s)

Further Actions required

No	Individual Action(s)	Who and by when

Further Response

Is further investigation/response required?
If so, what?

Response Type	Required (Y/N)	Completed (Y/N)
Accountability Meetings		
Audits		
Risk Assessment		
Mortality Review		
Complaint Response		
Systems investigation (This approach to be agreed/approved at corporate level)		

Person completing this review: Designation:
Date Completed: