NHS South West London
Integrated Care Board

Guidance for Non-Medical Prescribers and employing organisations in all settings across South West London ICS

Contents

1 Target audience

Non-medical prescribers (NMPs) employed by GP practices or by SWL ICB commissioned services, for example community services.

2 Introduction

A range of non-medical healthcare professionals can prescribe medicines for patients as either Independent or Supplementary Prescribers. Different types of prescribers hold different prescribing rights and Who can prescribe what? provides further information.

NMPs may be employed by a GP practice or a PCN, Community Services or a SWL ICB commissioned service, where their prescribing roles and responsibilities are clearly defined in their job description.

Non-Medical Prescribers (NMPs) providing community services and employed by an Acute Trust must adhere to the Trust's existing policies and procedures, which are supplemented by this guidance.

3 Purpose

This guidance is designed to provide good practice principles for NMPs and their employing organisations working within primary care to enable them to promote safe and effective prescribing.

4 Scope

This guidance applies to all registered healthcare professionals employed by GP practices and other providers linked to the SWL ICB prescribing budget, who undertake prescribing as part of their role.

The ICB seeks assurance that prescribing is undertaken safely and cost-effectively and that the appropriate governance arrangements are in place for prescribing by NMPs.

5 Prescribing Rights

All healthcare professionals, who prescribe as part of their role, **must** inform their professional body of their prescribing qualification so that their professional register is appropriately annotated.
It is important to understand that each profession will have different prescribing rights, for example prescribing rights will differ for paramedics and dietitians.
All healthcare professionals with prescribing rights must comply with the standards and code of practice stipulated by their appropriate professional body. The following relevant links may be accessed for further information for each healthcare professional with requirements for adherence to their standards.

5.1 Nurses

Prescribing standards for nurses are described by the Nursing and Midwifery Council (NMC). There are two types of nurse or midwife prescribers - Community nurse or midwife prescribers; and independent and supplementary nurse or midwife

prescribers. This NMC website sets out the standards of how nurses and midwives can achieve prescriber status, how prescribing programmes are run and what constitutes safe and effective prescribing practice, NMC Standards for prescribers.

5.2 Pharmacists

The General Pharmaceutical Council (GPhC) provides guidance for pharmacy professionals. Pharmacists with the appropriate prescribing qualifications should ensure that they have the necessary skills, knowledge and competence to provide safe and effective care when prescribing. In practice: Guidance for pharmacist prescribers provides detailed guidance for pharmacist prescribers.

5.3 Allied Healthcare Professionals

The Health and Care Professions Council (HCPC) provides guidance for Allied Healthcare Professionals (AHPs), e.g., paramedics, who have prescribing rights and explains these in detail so that prescribing is within the law. Our professions' medicines and prescribing rights provides guidance for AHPs.

Also, AHPs should refer to their own professional body as they promote their profession, represent their members and provide curriculum frameworks, training and Continuing Professional Development (CPD), e.g., College of Paramedics.

6 Scope of practice

Prescribers are responsible for practising within their own scope of practice and competence, including seeking support when required and using their acquired knowledge, skills and professional judgement.

Scope of practice is defined as ‘The activities a healthcare professional carries out within their professional role.’ The healthcare professional must have the required training, knowledge, skills and experience to deliver these activities lawfully, safely and effectively. The scope of practice and prescribing must be in line of the remit of the service in which they are employed.

This may include issuing acute and repeat prescriptions as part of their job role. NMP’s signing acute or repeat prescriptions should only do so if all the medicines involved are within their scope of competency and practice as by signing the prescription, they are assuming full clinical responsibility and remain accountable for their practice.

Scope of practice may be informed by regulatory standards, the professional body’s position, employer guidance, guidance from other relevant organisations and the individual’s professional judgement. This will include prescribing from the SWL Joint Medicines Formulary and other local policies / guidance.

6.1 Competency Framework for all Prescribers

A Competency Framework for all Prescribers developed by the Royal Pharmaceutical Society (RPS) may be used by all prescribing professionals and sets out what good prescribing looks like.

It sets out competencies that all prescribers, regardless of profession, must achieve to ensure safe and effective prescribing practices.

It describes the demonstrable knowledge, skills, characteristics, qualities and behaviours for a safe and effective prescribing role. Its implementation and maintenance are important in informing and improving practice, development, standard of care and safety (for both the prescriber and patient).

Prescribers are encouraged to use their own professional codes of conduct, standards and guidance alongside this framework. To access a PDF copy of the competency framework for all prescribers, click on the above link. An editable word template document of the 'Competency Framework for all Prescribers' is available.

In summary, the scope of practice should be defined in accordance with the requirements of the job role along with evidence for prescribing in a specific clinical area and identified CPD activities. The scope of practice may change and both the NMP and the employer should ensure that their written scope of practice is regularly updated in line with current clinical practice.

An example of a 'Non-Medical Prescribers Intention to Prescribe - Scope of Prescribing Practice Statement' form can be found in appendix 1. The Scope of Prescribing Practice Statement' form is to be retained by the employing organisation and reviewed at agreed time intervals with the NMP.

6.2 Expanding Prescribing Scope of Practice

The RPS Expanding Prescribing Scope of Practice guidance is for healthcare professionals wanting to expand their 'prescribing scope of practice'. It provides a structure to support prescribers to identify their developmental needs, highlights ways in which these needs can be met, and offers guidance on how to document the process and outcome. Several case studies across a range of professions and settings are provided to illustrate the process. It should be used in conjunction with the RPS A Competency Framework for all Prescribers (see section 6.1 Competency Framework for all Prescribers).

7 Legal and Clinical Liability

NMPs are professionally accountable for all aspects of their prescribing decisions, including actions and omissions, and cannot delegate this responsibility to any other person.

They should prescribe within their scope of practice and abide by their professional standards and code of conduct. Failure to comply with these could result in legal liability if patient health is affected and / or the patient is harmed in any way.

Both employer and employee should ensure that the employee's job description includes a clear statement that prescribing is required as part of the duties of that post. Professional advice should be sought from the relevant professional body with regards to additional indemnity requirements.

Further support and advice for indemnity requirements:
Pharmacy professionals: GPhC Indemnity requirements

Health & care professions council: Professional indemnity
Nursing & Midwifery Council (NMC): Professional Indemnity

NMPs must have appropriate indemnity cover for their prescribing role. Each registering professional body provides support for healthcare professionals, e.g., Health and Care Professions Council (HCPC). Guidance published by the GMC provides good practice in prescribing and managing medicines and devices, reminding prescribers of their **clinical responsibility** when prescribing medicines.

8 Clinical Supervision and Continuing Professional Development

Clinical supervision and continuing professional development (CPD) are both essential for the development of NMPs.

Employing organisations should ensure that appropriate supervision is provided for NMPs. Supervision may support the identification of and response to any learning needs or gaps, including safety incidents and near misses, to ensure that standards required by the relevant professional body are met.

The Health and Care Professions Council define supervision as 'a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills, and competence, through agreed and regular support with another professional.'

NHS England describe clinical/professional supervision as regular support from a named senior/experienced clinician/practitioner to promote high clinical standards and develop professional expertise.

NMPs are required to keep knowledge and skills up to date and relevant to the scope of practice to ensure that prescribers practice safely and effectively. NMPs should refer to their own professional body for support with identifying continuing professional development needs.

Supervision guidance for primary care network multidisciplinary teams (NHS E guidance) supports primary care networks (PCNs) and GP practices to provide effective supervision for their growing multidisciplinary teams (MDTs).

8.1 Supporting Non-Medical Prescriber Concerns

NMPs should inform their line manager or supervising lead when they feel their competence or confidence in their prescribing is no longer within their scope of practice or at an acceptable or safe level. The NMP should not continue with prescribing activities in this case until their needs have been addressed and competence is at the level required to undertake their prescribing duties.

The line manager or supervising NMP lead should be informed of a concern regarding the performance of an NMP, which should be discussed with the NMP. It may be that the NMP should not continue with prescribing activities until their needs have been addressed and competence is at the level required to undertake their prescribing duties.

Other circumstances may arise where new medicines or changes to clinical pathways are available and are within their clinical area of practice, however further training may be required before prescribing is safely undertaken.

8.2 Returning to practice

A period of absence from prescribing practice can occur because of maternity leave, sabbatical, sick leave or changes in organisational structure and role.

If returning to prescribing practice after a prolonged period of absence, it is recommended that the NMP reviews the relevant professional regulatory body standards on returning to practice. The professional bodies provide guidance for return to practice and not specifically for 'return to prescribing practice'.

NMPs can use the Royal Pharmaceutical Society's (RPS) 'A Competency Framework for all Prescribers' (see also section 6.1) as a self-assessment tool when expanding scope of practice, changing scope of practice or returning to practice.

Following a break in prescribing practice the NMP must undertake a period of adjustment and education prior to recommencing prescribing, which should be supported by their supervising lead. The RPS framework may be used to assess competency to prescribe in line with their job role should be undertaken prior to recommencing prescribing.

9 Incident reporting and Adverse drug reactions

9.1 Incident reporting

All NMPs should report any episode whereby a patient has been caused harm or could have been caused harm (near miss) due to an adverse incident involving medicines. Incidents should be reported in line with local and national procedures, ensuring adherence to local safeguarding, mental capacity and Prevent polices.

Incidents should be investigated in a timely manner and should highlight continual safety improvements, through sharing learning.

These incidents can be reported via the national patient safety incident safety database. See Learn from Patient Safety Events (LFPSE) service and the Primary care information on the new national learn from patient safety events service.

The local SWL ICB online quality alert management and monitoring system may be used to raise inter-provider concerns and feedback on services commissioned by SWL ICB using the MkAD quality alert online form.

9.2 Adverse drug reactions (ADRs)

NMPs can report any ADRs directly to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme using the electronic form at www.mhra.gov.uk/yellowcard. The Yellow Card scheme Making medicines and medical devices safer provides further information.

9.3 Reporting Controlled Drug (CD) Incidents and Concerns

The regional NHS England Controlled Drug Accountable Officer (CDAO) is the CDAO of all organisations that are not considered a “controlled drug designated body” (e.g., community pharmacies; GP practices; dentists; care homes; some substance misuse services; and private ambulance services). This means that every incident that involves a CD - regardless of the CD schedule - must be reported to the NHS England CDAO team via an incident report (registration required). See Appendix 2 for further information.

10 Notification of Non-Medical Prescribers employed by a GP practice

The GP practice should inform the ICB when a NMP joins or leaves their organisation or there are changes to their details (such as, change of surname), so that prescribing may be accurately attributed to the prescriber. See section 14 Monitoring Prescribing for more information.

The relevant form should be accessed from the NHS Business Services Authority (NHSBSA) website, Sub ICB Locations and by expanding the ‘Non-medical prescribers’ section under ‘Notify us about change’ and selecting the appropriate form.

The form should **not be changed** to a PDF format but should remain in an Excel format and e-mailed to the appropriate Place Medicines Optimisation Team generic email address. A team member will then make contact regarding next steps.

Croydon Place Team: Croydon.Medicines@swlondon.nhs.uk
Kingston & Richmond Place Team: KR.medicines@swlondon.nhs.uk
Merton & Wandsworth Place Team: MW.medicines@swlondon.nhs.uk
Sutton Place Team: Sutton.Medicines@swlondon.nhs.uk

The GP practice also must provide assurance that the NMP has a current scope of practice form in place and that it is regularly updated, see appendix 1 as an example. The NMP should also complete this NMP MS Form.

Medical Prescribers: There is a separate process for doctors to apply for a prescribing code (Doctors Index Number - DIN) that is issued to them when they qualify as a GP, which is the function of Primary Care Support England (PCSE).

11 Notification of Non-Medical Prescribers employed by SWL commissioned services

11.1 Community Providers, which includes Community Trusts, Acute Trusts hosting community services and Mental Health Trusts

SWL ICB senior authorised signatories will delegate responsibility to authorised signatories within the community provider organisation or mental health trust so that they can manage their own NMPs who join, leave or if there are any changes.

The employing organisation, via an authorised signatory, is responsible for notifying the NHSBSA with any changes to NMPs so that prescribing may be accurately attributed to the prescriber. See section 14 Monitoring Prescribing for more

information. The authorised signatory list will be audited annually and updated as appropriate.

The relevant form should be accessed on the NHS BSA website, Sub ICB Locations and by expanding the 'Non-medical prescribers' section under 'Notify us about change' and selecting the appropriate form. The employing organisation **does not need** to inform the ICB with NMPs working within their organisation or when any changes occur.

11.2 SWL ICB Commissioned Services, which includes GP Federations, Community Interest Companies (CIC), Extended Access hubs, Private providers

The lead service manager for the commissioned service should contact the appropriate Place medicines optimisation team via email (see below) to inform them of changes to NMPs (joiners or leavers or changes to their details) through completion of the relevant form. The form should be accessed from the NHSBSA website, Sub ICB Locations and by expanding the 'Non-medical prescribers' section under 'Notify us about change' and selecting the appropriate form.

The form should **not be changed** to a PDF format but should remain in an Excel format and be e-mailed to the appropriate Place Medicines Optimisation Team generic email address. A team member will then make contact regarding next steps.

Croydon Place Team: Croydon.Medicines@swlondon.nhs.uk
Kingston & Richmond Place Team: KR.medicines@swlondon.nhs.uk
Merton & Wandsworth Place Team: MW.medicines@swlondon.nhs.uk
Sutton Place Team: Sutton.Medicines@swlondon.nhs.uk

The employing organisation also must provide assurance that the NMP has a current scope of practice in place and that it is regularly updated. Please complete this NMP MS Form.

See also section 14 Monitoring Prescribing for more information.

12 Introduction to SWL ICB Medicines Optimisation Processes

It is the responsibility of the employing organisation to provide an induction for the NMP. A SWL ICB medicines optimisation introduction will be accessible to all NMPs including those working in SWL ICB commissioned services and Community Services through contact with the ICB Medicines Optimisation Team. See section 10 for email contacts. Available resources will be discussed together with local policies and processes (SWL Joint Medicines Formulary, resources, Script Switch, signposting, newsletters etc.).

13 Configuration of Non-Medical Prescribers on GP Clinical Systems

Practices should ensure that NMPs are correctly configured on GP systems so that prescribing is attributed accurately. The NHSBSA have developed a useful document to address issues affecting the incorrect configuration of prescribers within GP software, see appendix 3.

Further detailed information can be found on the EMIS website EMISNOW at (login required) EMIS Web - Configuring prescribers (emisnow.com).

14 Monitoring Prescribing

Prescribing undertaken by NMPs is linked to the SWL ICB prescribing budget, either to a Cost Centre that is a GP practice or an ICB commissioned service and therefore the same scrutiny is applicable to that of GP prescribing. NMPs may be linked to multiple Cost Centres and therefore it is imperative that the correct cost centre is selected.

Senior clinicians / supervising leads with responsibility for the NMP should ensure that regular monitoring (analysis and interpretation) of prescribing data is undertaken to provide assurance that it is safe, cost-effective and in line with their scope of practice.

Analysis and interpretation of prescribing data

Analysis of data can identify prescribing at detailed BNF presentation level breaking down at actual cost and volume (items) for review and discussion with NMPs, including peer review discussions.

Prescribing trends and comparisons with peer-to-peer prescribing are important as it may identify areas for improvement and highlight anomalies, especially deviations from local / national targets.

Practices and ICB Commissioned Services can access prescribing data from ePACT2.net (registration and login required).

Follow the instructions on the NHSBSA website, Registering for ePACT2.

Which staff should discuss prescribing trends?

a) GP practices: supervising leads, e.g., PCN pharmacy leads, PCN Clinical Directors should ensure prescribing is in line with their scope of practice.
b) Community Services: a designated member of staff, e.g., line manager should discuss prescribing data with their NMPs and compare formulary prescribing versus non-formulary prescribing, e.g., TVN / DN prescribing in line with the Wound Care Formulary, which can be found in the SWL Joint Medicines Formulary and further resources for Wound Management on the SWL Integrated Medicines Optimisation website.
c) ICB commissioned services: the appropriate lead for the service should discuss prescribing with the NMPs who provide the service and compare the quality of prescribing in line with service needs together with spend so that it aligns with the allocated budget.

Prescribing areas for discussion

Areas for discussion are highlighted below; this list is not exhaustive.

- Identify NMP outliers by comparing prescribing within the same GP practice and or service.
- Review prescribing of high-cost drugs, specials (unlicensed formulations).
- Review prescribing of non-formulary items by comparing with the SWL Joint Medicines Formulary.

- Compare NMP prescribing with other prescribers in the same practice or provider organisation, e.g., % items and actual cost.
- Ensure that prescribing is within the NMP scope of practice and in line with contractual responsibilities.
- Confirm that prescribing is in line with the prescribing rights for the allied healthcare professional, e.g., paramedics, podiatrists, dietitians.

Prescribing analysis should be undertaken on a regular basis, e.g., on a quarterly basis for assurance and accountability purposes.

If there are any anomalies that have been identified through analysis of NMP prescribing data, further investigation should be undertaken by a senior member of staff from the employing organisation.

Advice and support are available from the ICB Medicines Optimisation Team:
Croydon Place Team: Croydon.Medicines@swlondon.nhs.uk
Kingston & Richmond Place Team: KR.medicines@swlondon.nhs.uk
Merton & Wandsworth Place Team: MW.medicines@swlondon.nhs.uk
Sutton Place Team: Sutton.Medicines@swlondon.nhs.uk

15 Good Prescribing Practice

This section provides both NMPs and their employing organisations with resources and references to support prescribing within their scope of practice.

15.1 Guidance on prescribing

Detailed prescribing guidance can be found in the BNF, which covers prescription writing, legality of controlled drugs, medicines optimisation, antimicrobial stewardship. Accountability, clinical and legal responsibility lies with the prescriber signing the prescription.

15.2 Repeat Prescribing

Repeat prescribing accounts for two thirds of prescriptions issued in primary care, and nearly 80% of costs. The management of these prescriptions and the time involved in processing them can be significant.

The RPS and the Royal College of GPs (RCGP) have developed a Repeat Prescribing Toolkit designed to improve the consistency, safety and efficiency of repeat prescribing systems in general practices in England.

All prescribers are responsible and accountable for their decisions and actions. This includes when they prescribe or deprescribe and their prescribing decisions. The professional councils provide standards for prescribing safely:

GPhC standards In practice: Guidance for pharmacist prescribers

HPCH Medicines and prescribing rights

GMC Repeat prescribing and prescribing with repeats

NMC Standards for prescribers

See also section 6 Scope of Practice.

15.3 Off-label or Unlicensed medicines

The term ‘unlicensed medicine’ is used to describe medicines which have no licence for use in the UK. ‘Off-label’ medicines are ones that are licensed but are being used outside the terms of their UK licence. Prescribing an unlicensed or ‘off-label’ medicine may be necessary to meet the patient’s needs. It is essential to ensure there is sufficient evidence and experience regarding its safety, effectiveness and appropriateness for the individual.

The GMC’s good practice prescribing guide is a useful resource for Prescribing unlicensed medicines.

15.4 Pharmacist prescribing and dispensing

This is a complex area to cover within this guidance, which is evolving. The RPS has a Prescribing and dispensing position statement and the GPhC provides Guidance for pharmacist prescribers, see section 4.2 Prescribing and supplying in this guidance document.

15.5 Excessive and over-prescribing

The Focus on excessive prescribing BMA guide aims to provide background support to excessive or inappropriate prescribing for health professionals.

The government commissioned a review into overprescribing in 2021. The National Overprescribing review refers to situations where patients are prescribed medicines:

- that they do not need or want
- where potential harm outweighs the benefit of the medication
- when a better alternative is available but not prescribed
- where the medicine is appropriate for a condition but not the individual patient
- when a condition changes and the medicine is no longer appropriate or required but is still prescribed.

The review identified the need for effective wider medicines optimisation strategies as well as for individuals, making detailed recommendations about the system, culture and implementation. These include expanding the use of structured medication review in primary care to target groups at risk of overprescribing, with recommendations applicable in all patient care settings. The patient centred polypharmacy process can be used as a framework for undertaking structured medication review.

Prescribers should prescribe in line with SWL ICS policies and protocols and the SWL Joint Medicines Formulary.

15.6 NHSE Medicines Optimisation Framework

It is recommended that NMPs refer to the NHSE Medicines Optimisation Framework: *“Medicines optimisation looks at the value which medicines deliver, making sure they are clinically-effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team”.*

The four key principles are:

1. To understand the patient experience.
2. Evidence based choice of medicines.
3. Ensure medicine use is as safe as possible.
4. Make medicines optimisation part of routine practice.

NMPs should also refer to their Professional Body for standards and code of conduct.

15.7 Remote Prescribing

Remote prescribing is the practice of healthcare professionals prescribing medications to patients without a face-to-face physical examination and involves using electronic tools / platforms to assess patients, make prescribing decisions, and transmit prescriptions electronically.
Guidance in the form of principles are essential for managing remote prescribing to ensure patient safety and ethical practice and these high-level principles have been co-authored and agreed by a range of healthcare regulators and organisations. They can be found on the General Medical Council (GMC) website; High level principles for good practice in remote consultations and prescribing.

It sets out the shared high-level principles of good practice expected of everyone when consulting and or prescribing remotely from the patient and is applicable to all healthcare professionals with prescribing responsibilities.

The principles are underpinned by existing standards and guidance from professional and system regulators. Healthcare professionals should continue to follow guidance from regulatory bodies and take clinical guidance into account in their decision making. This information is not clinical guidance or new guidance from regulatory bodies.

The Nursing and Midwifery Council (NMC) and the Health & Care Professionals Council (HCPC) included these principles on their websites for their members.

The General Pharmaceutical Council (GPhC) have produced guidance for pharmacists when prescribing online and safeguards for prescribing certain medicines, see section 4.4 Online prescribing and safeguards for the online prescribing of certain medicines.

15.8 Managing conflicts of interest

Prescribers must work within their own organisational policies to manage conflicts of interest and must also abide by the ABPI Code of Practice when working with the pharmaceutical industry.

16 Training, education and application for NMP courses

Health Education England (HEE) merged with NHS England on 1 April 2023 and is now referred to as NHS England Workforce, training and education. They provide information on training for non-medical prescribers, including funding for NMP courses as well as roles and responsibilities for designated prescribing supervisors. Details regarding applying and funding for NMP prescribing courses can be obtained on their website.

17 Summary of Responsibilities

Below is a summary of the responsibilities outlined in this guidance for each of the stakeholders involved.

Responsibility of the employing organisation:

- Define the prescribing role / function in the job description, together with a scope of practice.
- Ensure prescribing is within the scope of practice for the NMP and indemnity is current and relevant to the job role.
- Support the NMP with the appropriate level of supervision, training and assess competencies, when necessary.
- Provide an induction, support and advice on an ongoing basis to ensure Continuing Professional Development.
- In the case of a GP practice, inform SWL ICB when NMPs join, leave or if there are any changes to details (e.g. change of surname).
- For SWL ICB commissioned services, the designated authorised signatory must inform the NHS BSA when NMPs join, leave or if there are any changes to details (e.g. change of surname).
- Monitor and evaluate prescribing data on a regular basis with the NMP.

Responsibility of the Non-Medical Prescriber:

- To understand the law and what they can and cannot do when it comes to administering and prescribing certain medicines for their profession, e.g., paramedics may only prescribe specific medicines within their scope of practice.
- Adhere to their professional body's prescribing standards and code of practice, prescribing rights and understand what they mean, and how these are used in practice.
- Prescribe within their scope of practice and in line with local and national guidance and ensure appropriate indemnity to cover their prescribing role.
- Provide evidence of their competency as part of their ongoing professional development.
- Undertake Continuing Professional Development.
- Undertake the necessary training if changing or expanding scope of practice.
- Report incidents in line with local policies and procedures. See also section 9.1 Incident reporting
- Monitoring and evaluating prescribing data on a regular basis with their supervising manager.
- To undertake revalidation, which is a professional requirement and is specific for each profession.

Responsibility of SWL ICB:

- For GP practice employed NMPs, and NMPs employed outside of SWL commissioned services that are not a NHS community, mental health or hospital Trust ICB nominated authorised signatories will notify the NHS BSA of NMPs joining, leaving or where there is a change of details (e.g. change of surname).
- Accountability for overseeing appropriate use of prescribing monies.

- Undertake analysis of NMP ePACT.net data and generate reports and monitor trends, where necessary and where applicable highlight any anomalies.
- Support the GP practice team / service to be able to manage their NMPs, e.g., technical processes.
- To support triangulation of safety intelligence obtained from MkAD by identifying emerging themes to facilitate systemwide learning and improvement.

18 References/resources

References/resources to be read in conjunction with this guidance

A Competency Framework for all Prescribers

Competency Framework for all Prescribers PDF version (Royal Pharmaceutical Society) (no login required)

CQC GP mythbuster 95: Non-medical prescribing

Good practice in prescribing and managing medicines and devices

Identifying your current scope of practice

SW London Integrated Medicines Optimisation

What is supervision?

Appendices

Appendix 1 Example NMP Intention to Prescribe - Scope of Prescribing Practice Statement

Appendix 2 Reporting Controlled Drug (CD) Incidents and Concerns

Appendix 3 Prescriber Issues Affecting EPS - Incorrect Configuration of Prescribers within GP Software

Acknowledgment Surrey Heartlands ICB

Document History

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Appendix 1

Non-Medical Prescribers Intention to Prescribe - Scope of Prescribing Practice Statement

- This declaration is intended to support managers and staff to identify prescribing areas, record experience and training which contribute to competence and identify areas for CPD and service development. It is not intended to limit prescribing but strengthen governance arrangements for non-medical prescribing.
- All independent non-medical prescribers (NMPs) should complete the form with their manager and ensure it is signed off by the relevant prescribing lead within the organisation, e.g., PCNs and senior pharmacists with supervision responsibilities.
- NMPs should identify the clinical area(s) / disease area(s) for which they wish to undertake prescribing. If BNF chapters are used to identify prescribing areas, any exceptions or exclusions must be documented.
- NMPs must prescribe in accordance with national and local prescribing guidelines and protocols.
- CPD needs and scope of prescribing practice should be reviewed as part of the development and review process, as appropriate.

This form is to be retained by the NMP and their supervising lead within the employing organisation.

Acknowledgement to Kingston and Richmond Place.

NHS
South West London

Appendix 1
Non-Medical Prescribers Intention to Prescribe Scope of Practice Statement

Name:			**Title:**
Practice/s Name plus Practice Code / Cost Centre:			
Prescriber Registration Number:		**Expiry/ Review date:**	
Date of Registration as Prescriber:			
Qualification:	Independent Prescriber/Supplementary Prescriber/Community Practitioner Nurse Prescribers (CPNP) (delete as appropriate)		
Contact details: Email/telephone			
Clinical area / disease area / age group to be prescribed for	**Evidence of competence to prescribe in this area**	**Recent CPD supporting prescribing in this area** (please include as much detail as possible including dates)	**Please state guidelines or attach protocols you work to**
e.g. Asthma	*e.g. duration of experience in this area, asthma diploma*	*e.g. Formal updates, courses attended, journal articles reviewed etc.*	*e.g. BTS guidelines*
What plans do you have to audit your prescribing?			
Do you receive clinical supervision? If so, please give a brief description.			
Have you identified any CPD needs relating to prescribing? If so, how do you plan to address these needs?			
Any updates and / or changes to scope of practice (incl. details, dates etc)			

Declaration of non-medical prescriber:
I <Insert name>…… declare that:

- My intended scope of practice has been discussed with the practice GP prescribing lead / Other Supervising Lead.
- I am registered with the appropriate professional body GPhC, NMC, other: ……
- I am a registered Independent/Supplementary Prescriber.

Signature: ……

Declaration of GP Prescribing Lead / Other Supervising Lead:
I <Insert name>…… declare the above statement to be correct
Signature: …… Date: ……..

Appendix 2 Reporting Controlled Drug (CD) Incidents and Concerns

Reporting Controlled Drug (CD) Incidents and Concerns

The regional NHS England Controlled Drug Accountable Officer (CDAO) is the CDAO of all organisations that are not considered a "controlled drug designated body" (e.g., community pharmacies; GP practices; dentists; care homes; some substance misuse services; and private ambulance services). This means that every incident that involves a CD - regardless of the CD schedule - must be reported to the NHS England CDAO team via an incident report.

What to report

- Accounted for losses e.g. spillages, wrongful destruction, manufacture error
- Patient involved e.g. administration, dispensing, prescribing or delivery errors
- Unaccounted for losses e.g. running balance issues, lost/missing/stolen CDs or prescriptions, recording or register errors
- Patient, member of the public or professional/employee of concern e.g. allegation of fraudulent activity including theft and diversion, drug seeking behaviour and illicit use
- Governance e.g. CD cupboard unlocked, storage errors
- Any other incident or concern involving any schedule of CD

How to report

- All CD incidents should be reported via **www.cdreporting.co.uk** - an email to the London CDAO team is not necessary
- When you are filling in the free text sections of the report please provide as much detail as possible to enable the London CDAO team to understand what happened. What are the contributory factors and causes? Assess the risk including the impact on the patient, determine if appropriate action has been taken and whether steps have been implemented to prevent recurrence
- Do not include Patient Identifiable Data (PID) in the report: if this is required, a member of the London CDAO team will request this information

Who to report to

- The London CDAO team via **www.cdreporting.co.uk**
- Internally within your organisation e.g. superintendent/governance/manager etc - as per your SOPs
- Include who else you have reported to within your incident submission alongside any relevant reference numbers
- Is it an event involving patient safety? Report to the Learn From Patient Safety Events Service (LFPSE)
- Is it a crime? - report to the Police (via 101 or 999 for emergencies) & CDLO
- Does it require reporting to a regulator? e.g. GPhC/NMC/GMC/GDC/HCPC
- Does is involve fraud? - report to NHS Counter Fraud
- Does it affect a licence? - report to the relevant licensing authority

Acknowledgement:
We would like to thank the NHSE East of England CDAO team as this aide memoire is based on their template.

Appendix 3 (document produced by NHS BSA)

Prescriber Issues Affecting EPS

Incorrect Configuration of Prescribers within GP Software

Overview

There are several issues affecting EPS messages regarding the incorrect configuration of some prescribers. These issues occur when various codes are not populated correctly within an EPS message. The fields affected are mainly:

- Prescriber Code: The prescriber's identifying code; a Doctor Identifier Number (DIN) for medical, a professional code for non-medical.
- Author Code: The prescriber's professional code; a GMC code for medical, a professional code for non-medical.
- Prescription Type: The type of form the prescription is e.g. General Practitioner Prescribing – GP.
- Practice Code: The ODS code for the practice the prescription was generated from.

When these codes do not match up in the expected format it is often impossible to correctly record who the prescriber is. This can result in the actual prescriber not being captured and/or the prescription being attributed to the lead prescriber at a practice. Some will have to be recorded as Unidentified Prescriber and costs attributed to the national pool.

Impact

- In 2023 an average of 900k EPS messages per month had a problem with their prescriber details that required manual intervention.
- This equates to approximately 2% of all EPS messages received.
- This has significant impact on staffing resources to handle these prescriptions.
- Prescriber details are often lost and will not appear in data reports (e.g. ePACT2). This can include all the prescribing of individual prescribers including their **Controlled Drug** items.

The main issue is caused when non-medical prescribers are set up to include a medical prescriber's code (e.g. DIN or Spurious Code). Within the GP software systems this problem manifests in two ways.

EMIS

With EMIS-generated prescriptions we see the correct prescriber as the Author Code but the medical prescriber code is captured for the Prescriber Code, which is not the correct code for the Prescription Type.

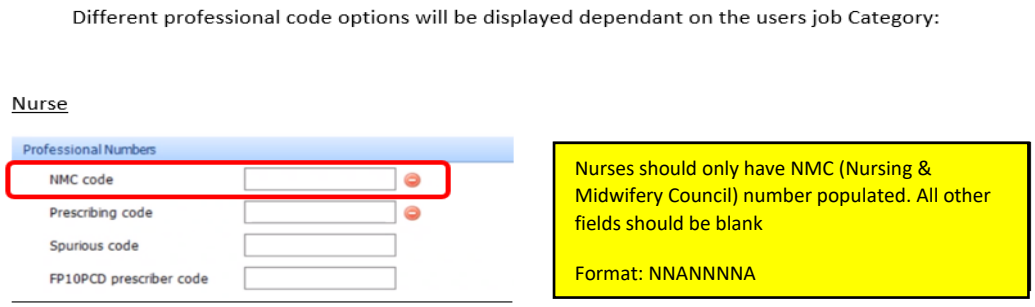
For example:

Prescriber Code	Author Code	Prescription Type
954000	2033467	0108 - General Practitioner Prescribing - Practice employed Pharmacist prescriber

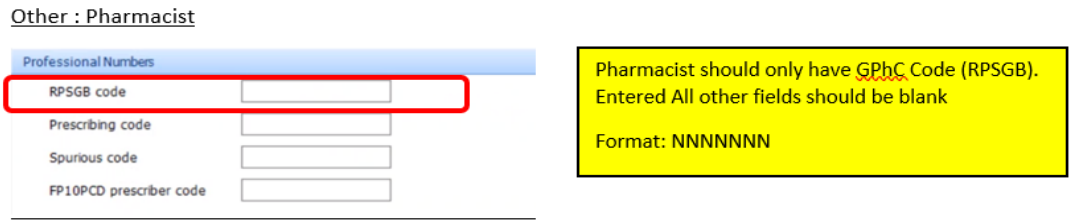
In this example for the Prescription Type of a pharmacist prescriber then the Prescriber Code must be a pharmacist prescriber's GPhC code and not a DIN/Spurious Code that is being recorded.

How to Correct This Issue

These issues are caused by incorrect configuration of a prescriber within their user profile:



NB For nurses the prescriber code field is mandatory and limited to 7 characters so enter the 1st 7 characters of the NMC code.



Further detailed information can be found at EMIS' website at:

[EMIS Web - Configuring prescribers (emisnow.com)]

TPP SystmOne

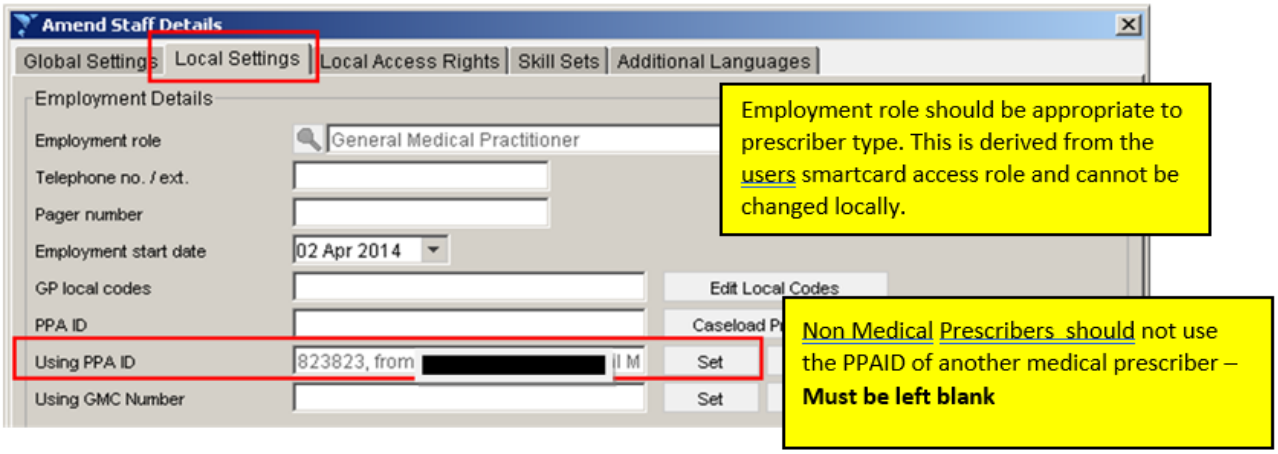
With TPP SystmOne systems the correct prescriber details are recorded in the Prescriber Code and Author Code but the Prescription Type is incorrectly set.

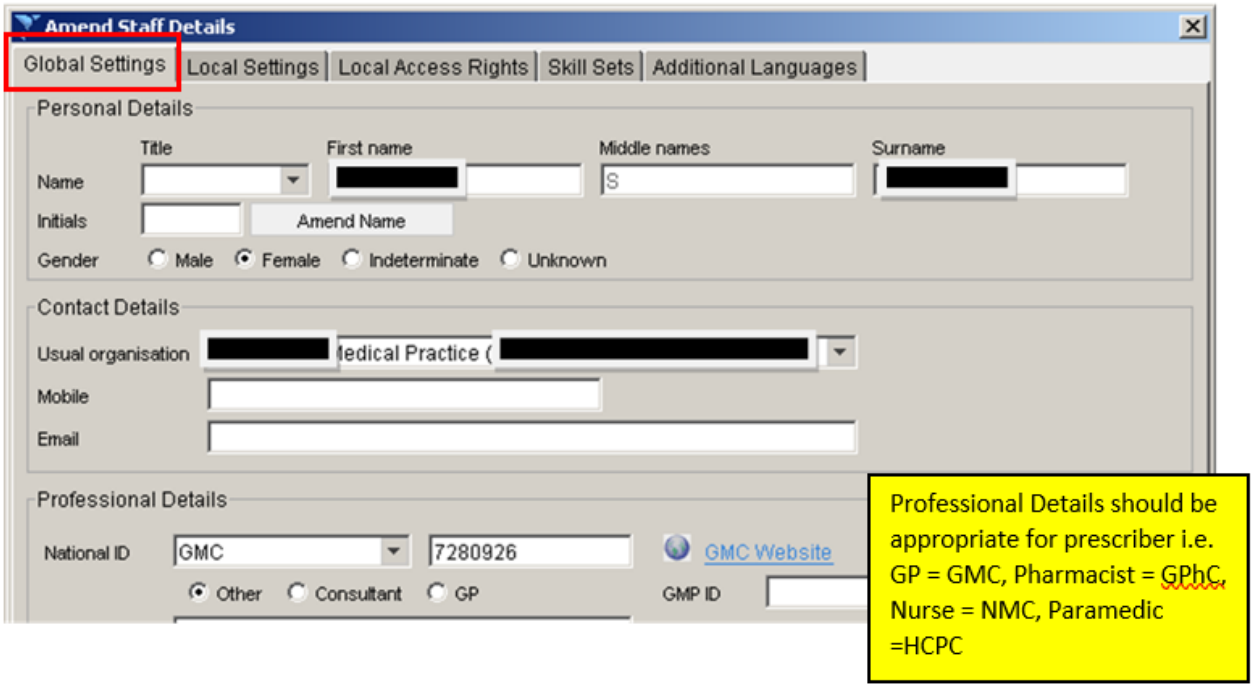
For example:

Prescriber Code	Author Code	Prescription Type
2033467	2033467	0101 - General Practitioner Prescribing - GP prescriber

In this example the Prescriber Code and the Author Code match a pharmacist, but the Prescription Type indicates a GP. The Prescription Type should be "0108 - General Practitioner Prescribing - Practice employed Pharmacist prescriber".

How to Correct This Issue





Additional issues affecting the prescriber details in EPS messages that should be corrected.

A lot of work is undertaken to correct other incorrect prescriber details including:

- **Practice Codes being incorrectly setup**
  The practice code format ANNNNN.
  - Care needed to ensure zeroes (“0”s) are not entered as “O”s
  - Prescriber Codes must not be used (e.g. 612345 instead of A12345)

- **Incorrect Prescriber Codes**
  Care should be taken when setting up the prescriber that the code is correct.
  - For a GP then this should be used their DIN (Doctor’s Index Number) if it is at their main practice of employment or a spurious code if at another location
    - DINs and spurious codes are location specific and must not be used at any other location unless they have been allocated to a new location.
  - For a non-medical prescriber (e.g. nurse or pharmacist prescriber) use then this should be their professional code
    - Care should be taken that digits are correctly entered and not to misinterpret “O”s for “1”s and “I”s for “1”s (and vice versa)
  - For some non-medical prescribers additional zeroes (0) may need to be added if their professional code is less than 8 characters.
    e.g. PA54321 should be PA054321
    The non-medical prescribers that may need to do this are:
    - Podiatrist
    - Physiotherapist
    - Radiographer
    - Dietician
    - Paramedic.

Appendix 3 has been produced by the NHS BSA.