NHS
Lancashire and South Cumbria
Integrated Care Board

Policy for Non-Medical Prescribing in General Practice

Ref:	LSCICB_MM05
Version:	Version 3.0
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:	Version 2.0
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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 (published: 2021) • Nursing and Midwifery Council: Standards for Prescribers • General Pharmaceutical Council: Pharmacist Independent Prescriber • Health and Care Professions Council: Standards for Prescribing
Date Ratified:	26 March 2025
Date Published and where (Intranet or Website):	3 June 2025
Review date:	February 2027. Frequency of review: Every two years
Target audience:	All non-medical prescribers, including temporary staff eg 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**
27.12.2023	2.0	• **Section 4:** updated to include authorisation to prescribe certain controlled drugs by paramedic and therapeutic radiographer independent prescribers following amendments to the Misuse of Drugs Regulations (MDR) 2001. The regulations came into force on 31st December 2023**.** • **Appendix 1:** formatting changes and updated scope of practice table to reflect primary care conditions/treatments prescribed in primary care. • **Appendix 2:** updated table to include the controlled drugs that paramedic and therapeutic radiographer independent prescribers are allowed to prescribe following amendments to the Misuse of Drugs Regulations (MDR) 2001. The regulations came into force on 31st December 2023**.** • **Appendix B:** updated Non-medical prescriber review of Quarterly Prescribing Form. • **Appendix D:** addition of the following wording – "*There are some exceptions to the criteria, for example, where prescribing anomalies require individual review/investigation and feedback, in such cases prescribers will be written to individually and asked for feedback to be sent to the delegated ICB NMP Lead for review. In addition, incidents in relation to controlled drugs will be fed into the Controlled Drugs and Medicines of Misuse ICB group and a progress report template will be embedded into the AAA report."
28.10.2024	3.0	• **New Section 13:** *Returning to practice* added. • **Updated Section 14:** updated and renamed to *Non-employee Non-Medical Prescribers working in a GP practice.* • **New Section 15:** *NHS Lancashire and South Cumbria ICB employed Non-Medical Prescribers* added. • **New Appendix 1:** *Definitions* added. • **Updated Appendix D:** new process for prescribing data reports and management of prescribing concerns/anomalies. • **Updated Appendix 2:** new statements added on repeat prescribing, professional indemnity and CPD. Changed 'DPP' to 'Clinical Supervisor'. More CD examples included. • New sections in governance framework (section 7 - 13) to improve governance and remove ambiguity.

Table of Contents

1.0 Introduction

Non-medical prescribing is prescribing by registered nurses, midwives, pharmacists, optometrists, physiotherapists, podiatrists, radiographers, dieticians and paramedics who have successfully completed a non-medical prescribing qualification.

Under current legislation nurses, midwives, 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 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 Group.
- All non-medical prescribers are supported in their role and access continuing professional development.

Adherence to this policy will ensure that practitioners are safe in their practice, up to date in their knowledge and aware of their legal and professional responsibilities and boundaries.

Adherence to this policy will provide NHS Lancashire and South Cumbria ICB with assurance that non-medical prescribers working within General Practice have the competencies and the skills required for the role and operate within a framework of clinical governance.

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) and working under a GP practice code who, in accordance with their job descriptions, undertake prescribing as part of their role.

- All staff employing, managing, supporting and supervising non-medical prescribers in a GP Practice, GP Federation, Alliance, PCN including, Clinical Supervisors, Designated Medical Practitioners (DMPs) and Designated Prescribing Practitioners (DPPs).

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), FCMS, 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 and 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 and therapeutic radiographers.
- Supplementary prescribers only: diagnostic radiographers and dieticians.
- Community Practitioner Prescribers: nurses (health visitors and district nurses).

4.0 Definitions

The term non-medical prescribing encompasses three modes of prescribing:

- Independent Prescribing (V300)
- Supplementary Prescribing
- Community Practitioner Nurse Prescribing (V150, V100)

Refer to Appendix 1 for full descriptions for: V300 prescribers, V150/V100 prescribers, supplementary prescribers, Designated Medical Practitioners (DMPs) and Designated Prescribing Practitioners (DPPs), Clinical Management Plan, practice assessor, practice supervisor, practice educator and clinical supervisor.

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

Refer to the ICB Non-Medical Prescribing Governance Framework for General Practice (Appendix 4) for roles and responsibilities of:

- Employer/line manager
- Non-medical prescriber
- Clinical supervisor
- ICB NMP Lead
- 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 will be considered.

All applications will be reviewed by the ICB NMP Lead prior to being accepted. In addition, review by the ICB multi-professional oversight group may also be undertaken.

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.

More information on non-medical prescribing courses, including how to apply and course providers can be found on the Lancashire and South Cumbria Training Hub Website.

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 **or** website 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, and before the non-medical prescriber starts prescribing in the GP practice:

- The non-medical prescriber must ensure their professional regulatory body register has been updated/annotated with their prescribing qualification.
- The employer/line manager must inform the ICB NMP lead (lscicb-el.nonmedicalprescribingenquiries@nhs.net) that the individual has successfully completed the course.
- The non-medical prescriber must become registered with the NHS Business Services Authority (NHSBSA) by completing the approval to practice/annual declaration form (Appendix 2) with their clinical supervisor and employer/line manager and sending this to MLCSU.nmpregister@nhs.net. **Note:** The MLCSU will inform the non-medical prescriber and employer/line manager via email when the relevant details have been submitted to the NHSBSA. The NHSBSA takes 3 to 4 working days to process requests. No prescribing should take place until registration of the non-medical prescriber with the NHSBSA is complete.

8.2 Qualified Non-Medical Prescriber New to a GP 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 NHSBSA and have prescribing data assigned to a particular practice / cost centre:

- The non-medical prescriber must complete an approval to practice/annual declaration form (Appendix 2) with their clinical supervisor and employer/line manager and send this to MLCSU.nmpregister@nhs.net.

  Note: The MLCSU will inform the non-medical prescriber and employer/line manager via email when the relevant details have been submitted to the NHSBSA. The NHSBSA take 3 to 4 working days to process requests. No prescribing should take place until registration of the non-medical prescriber with the NHSBSA is complete.

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

The following process is required to ensure that the NHSBSA 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 send relevant information to the 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 have been informed.

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 GP 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 an approval to practice/annual declaration form (Appendix 2) with their clinical supervisor and employer/line manager and send this to MLCSU.nmpregister@nhs.net.

b) The MLCSU will notify the NHSBSA of the change in details. 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 have been informed.

9.0 Joining the ICB Non-Medical Prescribing (NMP) Register

Once a non-medical prescriber has been registered with the NHSBSA, they will be added to the ICB NMP register.

Non-medical prescribers should not start prescribing in their practice until they have received an introductory email from the MLCSU.

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.
- Obtaining FP10 prescription pads (see Appendix 4 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 NMP register.

All non-medical prescribers who are no longer active prescribers must inform the ICB

NMP Lead (lscicb-el.nonmedicalprescribingenquiries@nhs.net), 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 an approval to practice/annual declaration form (Appendix 2) 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 working in or 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 organisation's incident reporting policy and guidelines.

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 of declared areas of competence.

Refer to the ICB Non-Medical Prescribing Governance Framework for General Practice (Appendix 4) for:

- Issuing prescriptions
- Adverse drug reactions and incident reporting
- Record keeping
- Security and safe handling of prescription pads
- Loss or theft of prescription pads
- Controlled drugs

12.0 Clinical Supervision and Continuing Professional Development (CPD)

- 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. Refer to Lancashire South Cumbria ICB - Framework on Clinical/Professional Supervision and Support for Additional Clinical Roles in General Practice.
- 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.
- Non-medical prescribers, and their clinical supervisors, should review their quarterly prescribing data with the objective of reflection and identification of ongoing learning needs, particularly where this might indicate a change is needed to the approval to practice/annual declaration form or an extension to scope of practice.
- Clinical supervisors should verify that the non-medical prescriber has the appropriate level of training and experience, and is competent to safely prescribe where the scope of practice includes, specialist medicines, controlled drugs, off-label prescribing, prescribing for children and high-risk medicines.
- 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.

13.0 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 period of time or changing speciality, it is recommended that non-medical prescribers:

- Review their professional regulatory body standards on returning to practice*: *NB the following links are Return to Practice (RtP) guides for professions, NOT specifically for Return to Prescribing Practice (RtPP). RtPP guides do not exist. The practitioner is directed to the Royal Pharmaceutical Society's (RPS) "A Competency Framework for all Prescribers".

  For NMC standards see: Standards for return to practice programmes - The Nursing and Midwifery Council (nmc.org.uk).

  For GPhC standards see: https://www.pharmacyregulation.org/pharmacists/changes-registration/leaving-register/returning-register.

  The RPS also have some useful support materials which can be accessed from the following link: Returning to practice guide | RPS (rpharms.com).

  For HCPC standards see: Returning to practice | (hcpc-uk.org).

  For GOC standards see: Restore as a fully qualified individual | GeneralOpticalCouncil.

- Appraise their prescribing practice with their clinical supervisor prior to recommencing a prescribing role.
- Are assessed by their clinical supervisor as being competent to prescribe prior to recommencing a prescribing role.
- Identify and agree a learning plan with their clinical supervisor.

14.0 Non-employee Non-Medical Prescribers working in a GP practice

Non-employee non-medical prescribers include:

- Locums, self-employed or from an agency.
- Those employed by a PCN, GP Federation, Trust, or Medicines Management Company.

The responsibility lies with the non-medical prescriber, their employing organisation and the GP practice to ensure clinical governance processes are in place even if the non-medical prescriber is working in the practice on an ad hoc basis. The practice must undertake due diligence to ensure that all appropriate pre-employment checks have been completed either by themselves or by the agency or employer prior to commencement in the practice. This would include, but is not exclusive to, ensuring that the practice has been provided with evidence of:

- Non-medical prescribing registration details on the professional register.
- Details of the non-medical prescriber's scope of practice and competencies relevant to the role required by the practice.
- Completed copy of the non-medical prescriber's approval to practice form (to be retained by practice).

It is the responsibility of the practice to hold their own internal register of their non-employee (including locum/agency/contractor non-medical prescribers) non-medical prescribers.

It is the practice's responsibility to ensure all documentation has been received and reviewed. This is particularly important if the non-medical prescriber is self-employed. Evidence of this may be required from the regulator and from Lancashire and South Cumbria ICB in the event of an incident.

Each practice should ensure a practice clinical lead has oversight of any prescribing completed by the non-medical prescriber.

If the non-medical prescriber is working within the practice regularly (ie once a week or more frequently) or for an extended period (ie greater than four weeks), it is the practice's responsibility to follow the current process for all non-medical prescribers and arrange for registration of the individual with the NHSBSA via the MLCSU. The ICB NMP Lead will require a fully completed approval to practice form (Appendix 2) to be provided in order to complete the registration.

Non-employee non-medical prescribers should only prescribe under their own name and registration code and shouldn't prescribe on behalf of a medical practitioner (as Locum GPs can) or a spurious code.

For non-medical prescribers employed by organisations commissioned to provide contracted healthcare services in GP practices, it is the responsibility of the commissioned organisation to have the necessary clinical governance infrastructure in place to ensure safe prescribing practice is carried out by all its non-medical prescribers providing healthcare services.

15.0 NHS Lancashire and South Cumbria ICB employed Non-Medical Prescribers

NHS Lancashire and South Cumbria ICB employed non-medical prescribers, and the ICB as their employer, must adhere to this policy.

ICB employed non-medical prescribers who are actively prescribing must submit a completed approval to practice/annual declaration form (Appendix 2) at least annually and following any changes to competencies. The approval to practice/annual declaration form should be signed off by their ICB employed clinical supervisor or a clinical supervisor provided under a formal arrangement with the ICB.

ICB employed non-medical prescribers must be registered with the NHSBSA for each practice or service they work in before commencing prescribing, and be added correctly as a non-medical prescriber to the clinical system within the practice/service.

The ICB, as the employer, must ensure the ICB employed non-medical prescriber:

- Has access to a clinical supervisor to enable them to improve standards of care and develop their prescribing skills.
- Attends supervision and has access to appropriate CPD opportunities.
- Audits and reviews their quarterly prescribing data with their clinical supervisor.

16.0 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.

17.0 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.
- ICB Medicines Optimisation Place Leads – for dissemination via local communication routes.

Notification to:

- ICB Medicines Optimisation Place 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 practise 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.

18.0 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) incident reporting policy.

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

19.0 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)

20.0 References and Bibliography

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College of Paramedics (accessed 23.10.2022)

Controlled Drugs Reporting Portal (accessed 28.10.2024)

CQC: Non-medical prescribing (accessed 23.10.2022)

Department of Health. Supplementary Prescribing by Nurses, Pharmacists, Chiropodists / Podiatrists, Physiotherapists and Radiographers within the NHS in England. London: DH; 2005

Department of Health. Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England. London: DH; 2006

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NHS Counter Fraud Authority 2018.

NHS Resolution Clinical Negligence Scheme for General Practice (CNSGP) - NHS Resolution (accessed 28.10.2024)

Nursing & Midwifery Council. Standards of Proficiency for Nurse and Midwife Prescribers. London: NMC; 2006 (accessed 23.10.2022)

Nursing and Midwifery Council. Standards for prescribers (accessed 23.10.2022)

Personal Medical Services (PMS) contract Part 20 Persons who shall perform the services. Schedule 4 - prescribing (accessed 28.10.2024)

Royal Pharmaceutical Society. A competency framework for all prescribers London: RPS; 2021

Royal Pharmaceutical Society. Medicines, Ethics and Practice: the professional guide for pharmacists. London: RPS; Edition 45, July 2022

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)

NHS Cheshire and Merseyside Non-Medical Prescribing Policy Version 1.0 March 2024.

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

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

21.0 Appendix

Appendix 1: Definitions

Appendix 2: Non-Medical Prescribers Approval to Practice form/Annual Declaration

Appendix 3: Professional prescribing restrictions for Non-Medical Prescribers

Appendix 4: Non-Medical Prescribing Governance Framework for General Practice

Appendix 1: Definitions

Independent Prescribing (V300)	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 Paramedic independent prescribers can prescribe the following controlled drugs to be administered by the specified method: • Morphine sulphate by oral administration or by injection • Diazepam by oral administration or by injection • Midazolam by oromucosal administration or by injection • Lorazepam by injection • Codeine phosphate by oral administration Therapeutic Radiographer independent prescribers can prescribe the following controlled drugs to be administered by the specified method: • Tramadol by oral administration • Lorazepam by oral administration • Diazepam by oral administration • Morphine by oral administration or by injection • Oxycodone by oral administration • Codeine by oral administration The following independent prescribers cannot prescribe any schedule of controlled drug: optometrist independent prescribers. *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 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, chiropodist/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 an independent and supplementary prescriber. Dietitians and diagnostic radiographers may train and register as a supplementary prescriber only.
Clinical Management Plan (CMP)	A CMP is a plan that must be in place before supplementary prescribing can start, which relates to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. The CMP is required to include details of the illness or conditions that may be treated, any known sensitivities, the class or description of medical products that can be prescribed or administered, and the circumstances in which the supplementary prescriber should refer to, or seek advice from, the doctor/dentist. Supplementary prescribers must have access to the same patient/client health records as the doctor/dentist.
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 (DMP)	A designated medical practitioner (DMP) is a registered medical practitioner who provides supervision and support to a non-medical prescribing trainee during the trainee's period of learning in practice – a required element of non-medical prescribing qualifications. The DMP will also be responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired certain competencies.
Designated Prescribing Practitioner (DPP)	A designated prescribing practitioner (DPP) is the designated practitioner who meets the DPP criteria specified in the relevant professional body standards, who is responsible for the non-medical prescribing trainee's period of learning in practice. The aim of the DPP role is to oversee, support and assess the competence of the non-medical prescribing trainee, in collaboration with academic and workplace partners. Regulatory changes in 2019 mean that experienced non-medical prescribers, of any professional background, can become responsible for a trainee prescriber's period of learning in practice similarly to Designated Medical Practitioners (DMP). The Royal Pharmaceutical Society (RPS) has published a competency framework for DPPs which details the knowledge, skills and behaviours required of the designated practitioner responsible for the trainee prescriber's period of learning in practice.
Practice Supervisors	Practice supervisors can be any registered health and social care professional working in a practice environment. This means that they must be registered with

	a professional regulator such as the NMC, GMC, GPhC, HCPC or Social Work England; or with a professional health and social care organisation accredited by the PSA. The practice supervisor's role is to support and supervise nursing and midwifery students in the practice learning environment. Practice supervisors have been prepared and supported to take up their role and have up-to-date knowledge and experience relevant to the trainee they are supervising.
Practice Assessors (PA)	Practice assessors are registered nurses, midwives, and nursing associates, or in the case of prescribing programmes any qualified prescriber, who assess a student's practice learning for a placement or a series of placements. A nominated practice assessor also works with the academic assessor to make recommendations for progression for the student they are assigned to. Practice assessors have been prepared and supported to take up their role and have current knowledge and experience relevant for the proficiencies and programme outcomes they are assessing. Further details around the responsibilities of practice assessors can be found from the Nursing and Midwifery Council (NMC) website.
Practice Educators (PE)	Practice educators are qualified prescribers, on the register of their statutory regulator with annotation(s) for prescribing where applicable and with the relevant skills, knowledge, and experience to support safe and effective learning for Health and Care Professions Council (HCPC) registered applicants.
Clinical Supervisor	A clinical supervisor is a registered medical practitioner or a registered healthcare professional with independent prescribing qualification from the practice or organisation where the non-medical prescriber is employed or, if from another organisation, under a formal arrangement with the employer. The clinical supervisor provides support and mentorship and reviews the non-medical prescriber's quarterly prescribing data and CPD portfolio for assurance purposes. The clinical supervisor also co-signs the non-medical prescriber's Approval to Practice form (Appendix 2). The clinical supervisor may have previously been the non-medical prescriber's DPP/DMP when they were undertaking the non-medical prescribing course. For supplementary prescribers, the clinical supervisor may be the independent prescriber named on the clinical management plan or another medical prescriber. **All non-medical prescribers should have a clinical supervisor.**

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Appendix 2: Approval to Practice/Annual Declaration form

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)	
Profession: (Please cross ☒ relevant boxes) ☐ Nurse ☐ Optometrist ☐ Pharmacist ☐ Dietician ☐ Physiotherapist ☐ Podiatrist ☐ Paramedic ☐ Therapeutic Radiographer	(Please cross ☒ relevant boxes) Independent Prescriber (V300) ☐ Supplementary Prescriber ☐ 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'.*
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's secure (NHS) email address:	**Name and secure (NHS) email address of clinical supervisor:**
Employer/line manager's secure (NHS) email address:	
Are you prescribing - Manually ☐ Electronically ☐ (Please cross ☒relevant boxes)	

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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? (Please cross ☒ relevant boxes) ☐ YES ☐ NO	(Please cross ☒ relevant boxes) Schedule 2 ☐ eg diamorphine, morphine, oxycodone, fentanyl Schedule 3 ☐ eg temazepam, tramadol, pregabalin, gabapentin, buprenorphine Schedule 4 ☐ eg zopiclone, diazepam, testosterone Schedule 5 ☐ eg codeine based preparations (co-codamol 8/500, co-codamol 30/500), pholcodine	

Will you prescribe for children under 12 years old? (Please cross ☒ relevant boxes)
☐ YES
☐ NO
Please refer to ICB Non-Medical Prescribing Governance Framework for General Practice for considerations when prescribing for children

Repeat prescribing is associated with a higher level of risk. Non-medical prescribers must ensure they follow the Competency Framework for All Prescribers which states that they should always prescribe within their own scope of professional practice and act to minimise risk and ensure patient safety. Prescribers accept personal responsibility and accountability for prescribing and clinical decisions and understand the legal and ethical implications.

Will your role include Repeat Prescribing? (Please cross ☒ relevant boxes)

☐ YES

☐ NO

If 'YES' please:

- **Tick to confirm that you have read and understood the ICB Guidance-for-Non-Medical-Prescribers-on-Repeat-Prescribing** ☐
- **Tick to confirm you are familiar with the RPS (Royal Pharmaceutical Society) and RCGP (Royal College of GPs) Repeat Prescribing Toolkit** ☐

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 ☐

Please tick to confirm you have professional indemnity to cover the scope of activities you will be undertaking ☐

Please tick to confirm you will keep your skills, prescribing knowledge and competence up to date by undertaking appropriate CPD ☐

Table 1: Scope of Prescribing Practice

BNF chapter	Please tick	BNF chapter	Please tick
Gastrointestinal system		***Cardiovascular system***	
Drugs used in the management of Dyspepsia and GORD eg antacids, alginates		Positive Inotropic Drugs eg Digoxin	
Antispasmodics and other drugs affecting gut motility		Diuretics eg Frusemide, Spironolactone	
Antisecretory drugs eg PPIs, H2 receptor antagonists		Anti-Arrhythmic Drugs eg Amiodarone, Flecainide Acetate	
Drugs used in the management of acute diarrhoea		Beta-Adrenoceptor Blocking Drugs eg Bisoprolol, Propranolol	
Laxatives		Drugs to treat Hypertension	
Drugs used in the management of Chronic bowel disorders eg IBD (Crohn's disease or ulcerative colitis), IBS.		Heart Failure Drugs	
Local preparations for anal and rectal disorders eg haemorrhoidal preparations		Nitrates, Calcium Channel Blockers & Antianginal Drugs	
Drugs affecting intestinal secretions eg Pancreatin (Creon), Ursodeoxycholic Acid		Sympathomimetics eg Dopamine, Ephedrine, Noradrenaline	
		Anticoagulants	
		Antiplatelet drugs	
Respiratory system		Fibrinolytic Drugs eg Alteplase, Streptokinase, Urokinase	
Drugs used in the management of Asthma eg Beta-2 agonists, Inhaled Corticosteroids		Antifibrinolytic Drugs eg Tranexamic Acid	
Drugs used in the management of COPD eg Muscarinic antagonists, oral corticosteroids		Lipid-Regulating Drugs eg statins, ezetimibe	
Cough and congestion drugs/preparations			
Drugs affecting sputum viscosity eg Mucolytics - Carbocisteine		***Central Nervous system***	
Peak flow and inhaler devices		Antiepileptics	
Nebulisers		Analgesics	
Antihistamines		Hypnotics and Anxiolytics	
Nasal Decongestants		Antidepressants	
		Antimanic drugs eg Lithium	
Infections		Antipsychotics eg Amisulpride, Olanzapine, Haloperidol	
Antibacterial drugs eg Amoxicillin		Antimuscarinic drugs used in Parkinsonism eg Procyclidine	
Antiprotozoal drugs eg antimalarials – quinine sulphate, Mefloquine, Chloroquine, Proguanil / Atovaquone (Malarone)		CNS stimulants and drugs used for ADHD eg Methylphenidate, Dexamfetamine, Atomoxetine	
Antifungal drugs eg Fluconazole, Terbinafine, Nystatin		Drugs used in nausea and vertigo eg Cyclizine, Domperidone, Metoclopramide	
Antiviral drugs eg Oseltamivir		Dopaminergic drugs used in Parkinsonism eg Co-beneldopa	
Anthelmintics eg Mebendazole		Drugs used in the management of dementia eg Donepezil, Memantine	
		Drugs used in substance dependence eg Acamprosate, methadone, bupropion, Nicotine preparations – gum, lozenges, patches.	
		Drugs used in the management of obesity eg orlistat	

BNF chapter	Please tick	BNF chapter	Please tick
Endocrine system		***Obstetrics, Gynaecology and Urinary-Tract Disorders***	
Drugs used in diabetes eg Metformin		Drugs used in the treatment of vaginal and vulval conditions eg Clotrimazole Cream, Estriol, Metronidazole cream, Estradiol	
Thyroid Drugs eg Levothyroxine		Drugs for urinary retention eg Tamsulosin	
Antithyroid Drugs eg Carbimazole and Propylthiouracil		Drugs for erectile dysfunction eg Tadalafil, Sildenafil	
Corticosteroids (Endocrine) eg Fludrocortisone, Hydrocortisone, Prednisolone, Dexamethasone		Contraceptives eg Combined Hormonal Contraceptives, Oral Progestogen-only Contraceptives, Parenteral Progestogen-only Contraceptives, IUD, emergency contraception	
Sex Hormones eg HRT, Progestogens, Male Hormones and Antagonists (Testosterone, Finasteride)		Drugs for urinary frequency, enuresis and incontinence eg Fesoterodine, Oxybutynin, Solifenacin	
Hypothalamic and Pituitary Hormones and Antioestrogens eg Clomifene, Desmopressin, Somatropin			
Drugs affecting bone eg Alendronic Acid, Risedronate		***Nutrition and Blood***	
		Drugs used in anaemia eg oral iron	
Malignant disease and Immunosuppression		Fluids and Electrolytes eg oral potassium, Dioralyte	
Cytotoxic Drugs eg Methotrexate		Oral Nutrition eg Fresubin, Aymes	
Drugs affecting the immune response eg Azathioprine, Ciclosporin, Tacromilus		Vitamins and Minerals eg Calcium supplements, Thiamine, Vitamin B compound,	
Sex hormones and hormone antagonists in malignant disease eg Ethinylestradiol Tablets, Medroxyprogesterone Acetate Tablet, Letrozole, Tamoxifen, Octreotide		Foods eg SMA powder	
		Other health supplements eg Melatonin	
Musculoskeletal and Joint Diseases			
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)		***Eye***	
Drugs used in rheumatic diseases eg Methotrexate, Hydroxychloroquine, Leflunomide		Anti-infective eye preparations eg Antibacterial (Chloramphenicol), Antifungal, Antiviral (Ganciclovir)	
Local corticosteroid injections eg Methylprednisolone Acetate (Depo-Medrone)		Corticosteroids and other anti-inflammatory preparations eg Prednisolone eye drops, Betamethasone ear/eye/nose drops, Sodium cromoglicate eye drops	
Drugs used in gout eg Allopurinol, Colchicine, Febuxostat		Mydriatics and Cycloplegics eg Atropine sulphate eye drops, Cyclopentolate eye drops, Tropicamide eye drops	
Drugs used in neuromuscular disorders eg Tizanidine, Baclofen tablets		Treatment of glaucoma eg Timolol eye drops, Latanoprost eye drops.	
Drugs for relief of soft tissue inflammation eg Rubefacients and Topical NSAIDs		Local anaesthetics eg Tetracaine 1% single use eye drops	
		Tear deficiency, eye lubricants/astringents eg Hypromellose.	

BNF chapter	Please tick	BNF chapter	Please tick
Ear, Nose & Oropharynx		***Skin***	
Drugs used in Otitis externa		Preparations/drugs used in dry and scaling skin disorders (eczema and psoriasis)	
Drugs used in Otitis media		Drugs used in infections of the skin eg Fusidic acid cream, Metronidazole cream, Clotrimazole cream	
Drugs used in removal of earwax		Drugs used in inflammatory skin conditions	
Drugs used in nasal congestion		Antiperspirants	
Drugs used in nasal inflammation, nasal polyps and rhinitis		Drugs used in pruritus	
Drugs used in dry mouth		Topical and oral preparations for rosacea and acne	
Mouthwashes and Gargles		Drugs used for scalp and hair conditions eg Capasal, Coal Tar Shampoo	
Drugs used in oral ulceration and inflammations		Skin cleansers, antiseptics and desloughing agents	
Drugs used in Oropharyngeal bacterial infections		Camouflagers	
Drugs used in Oropharyngeal fungal infections		Sun protection and photodamage preparations	
Drugs used in Oropharyngeal viral infections		Preparations for warts and calluses	
Immunological products and Vaccines		***Anaesthesia***	
Vaccination eg Hepatitis A, B, Rabies, Influenza, Coronavirus Vaccine		Local Anaesthesia eg Instillagel, Tetracaine (Ametop), Emla cream	
Other drugs and preparations: wound management products, dressings, stoma appliances, incontinence appliances, emollient pumps, needles, sharpsguard, peak flow elasticated garments etc.		***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 clinical supervisor and they confirm that I am competent to take a patient history, undertake a clinical assessment and/or diagnose within the area and field of practice identified.

Note: The clinical supervisor is responsible for providing support and mentorship and for monitoring competencies, 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 4 – 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	…..……	……..	……..	……
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 4 - 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.

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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 Clinical Supervisor

I can confirm as the Clinical Supervisor of the non-medical prescriber that I take responsibility for the oversight of the non-medical prescriber's prescribing competencies.

Clinical Supervisor 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 competencies will rest with the non-medical prescriber's Clinical Supervisor.

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 3: 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.	Yes – limited list. The following CDs for the treatment of organic disease or injury provided that the controlled drug is prescribed to be administered by the specified method: • Tramadol by oral administration; • Lorazepam by oral administration; • Diazepam by oral administration; • Morphine by oral administration or by injection; • Oxycodone by oral administration; • Codeine by oral administration.	Yes (subject to accepted clinical good practice)	No
Paramedic Independent Prescriber	Licensed medicines for any medical condition within their competence/scope of practice.*	Yes – limited list. The following CDs for the treatment of organic disease or injury provided the controlled drug is prescribed to be administered by the specified method: • Morphine sulphate by oral administration or by injection; • Diazepam by oral administration or by injection; • Midazolam by oromucosal administration or by injection; • Lorazepam by injection; • Codeine phosphate by oral administration.	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	Yes – any CD schedule 2, 3, 4 or 5 (except diamorphine, cocaine and	Yes, as part of CMP	Yes, as part of CMP

	supplementary prescribing, but this must be done as part of an agreed Clinical Management Plan (CMP) and within the prescriber's area of competence.*	dipipanone for the treatment of addiction), providing it is in accordance with the patient's 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 4: Governance Framework

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.

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 non-medical prescribers 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 (PCN) and working under a GP practice code who, in accordance with their job descriptions, undertake prescribing as part of their role.
- All staff employing, managing, supporting and supervising non-medical prescribers in a GP Practice, GP Federation, Alliance, PCN including, Clinical Supervisors, Designated Medical Practitioners (DMPs) and Designated Prescribing Practitioners (DPPs).

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), FCMS, 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 and 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** will ensure:

- They 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. And be familiar with and comply with their professional standards on interacting with pharmaceutical companies.
- That their professional registration is current and active, with their non-medical prescribing role registered with their professional body.
- They submit a completed approval to practice form when newly qualified or when they join a different GP Practice/PCN etc.
- They agree their areas of practice and competencies with their clinical supervisor, and complete an approval to practice form at least annually and following any changes to their areas of practice/competencies.
- They retain copies of their approval to practice forms at their practice.
- They inform the ICB NMP Lead and MLCSU of any changes to their details recorded in the ICB NMP register.
- They are registered with the NHS Business Services Authority (NHSBSA) for each practice they work in before commencing prescribing. **No prescribing should take place until the non-medical prescriber's registration with the NHSBSA has been completed.**
- 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.
- That 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.
- Their role as a prescriber is clearly stated in their job description and includes a clear statement that prescribing is required as part of their duties.
- If new to prescribing, they meet with their clinical supervisor after issuing the first prescription to reflect on the experience and obtain guidance and support.
- That they only prescribe medicines which they are legally entitled to (see Appendix 3 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.

- That 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**).
- They provide evidence-based, safe, cost-effective prescribing for their patients at all times, which is patient centered and responds to patient's needs.
- They 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, see the following link: Effective record keeping - The MDU.
- Patients understand that they are a non-medical prescriber and understand their rights in relation to non-medical prescribing (patients have the right to refuse treatment/prescribing from a non-medical prescriber).
- They liaise with other healthcare providers, as appropriate, in accordance with service policies; ensuring patients are referred to other healthcare professionals when necessary.
- That prescriptions are legible, legal and in accordance with the BNF 'prescription writing' requirements.
- 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.
- They seek ongoing commitment of a clinical supervisor.
- Their prescribing competency is maintained by means of continuing professional development (CPD) maintaining an up-to-date portfolio documenting what CPD has been completed.
- They 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.
- They remain up to date on therapeutics in their field of prescribing practice, and to changes to national and local prescribing guidelines.
- They have access to up-to-date 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.
- They cooperate with any investigations into their prescribing practice.
- They review their prescribing data quarterly with their clinical supervisor, and update their areas of competence/scope of prescribing practice and approval to practice form where necessary. And address any concerns identified/raised by ICB NMP Lead.

- They complete the approval to practice/annual declaration form at least annually. (Failure to complete the annual declaration form with documentation describing ongoing competence will lead to escalation (see Appendix C)).

The **Employer/Line Manager** will ensure that:

- The non-medical prescriber is provided 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).
- The non-medical prescriber has access to appropriate supervision to support them to prescribe. The clinical supervisor should be a person separate from the line manager.
- The non-medical prescriber has an up-to-date enhanced Disclosure and Barring Service (DBS) certificate, which meets the organisation's requirements, for example, the GP practice, PCN etc.
- Pre-employment checks are undertaken (if a non-medical prescriber is employed by a third-party organsiation eg through an agency or federation, it is the responsibility of the GP practice, PCN etc to ensure the third-party organisation has carried out the pre-employment checks).
- 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).
- The non-medical prescriber completes all mandatory training, for example, safeguarding training etc.
- Anyone they employ is competent to perform their role, have completed the required NMP training/course and receive ongoing supervision and mentorship relevant to their role and scope of professional practice.
- 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.
- 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.
- 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.
- The prescriber completes their application to join the ICB NMP register by completing and submitting their approval to practice form when newly qualified or when they start at a GP practice.
- They provide the non-medical prescriber with prescription pads if appropriate.

- The non-medical prescriber has access to the practice prescribing budget.
- The non-medical prescriber is 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.
- 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.
- 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'.
- 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).
- They notify the ICB NMP Lead and MLCSU of any non-medical prescriber who joins the practice.
- They notify the MLCSU of any non-medical prescriber who leaves the practice 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.
- They notify the MLCSU of any changes in the non-medical prescriber's role and circumstances, including contact details.
- 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, on return to work, where appropriate, structures are put into place to ensure they are fit to practice to prescribe.
- Non-medical prescribers take appropriate action in the case of lost or stolen prescription pads in line with local policies/procedures.
- The non-medical prescriber completes their annual declaration, reviews their quarterly prescribing data and addresses any concerns identified/raised by the ICB NMP Lead.
- The non-medical prescriber is supported in their appraisal preparation and allocated time to undertake CPD.
- Through annual appraisal, all non-medical prescribers are working to current practice, they complete their annual declaration and that registration to practice is renewed and valid.
- They raise any concerns related to the non-medical prescriber's practice with the clinical supervisor 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.

The **Clinical Supervisor** is responsible for:

- Confirming that the non-medical prescriber has completed the necessary training/courses in order to prescribe.

- Assessing and verify that, the non-medical prescriber has the required knowledge and reasoning and is competent to prescribe in their field of practice/areas of competence safely and effectively.
- Providing ongoing support and supervision to the non-medical prescriber to ensure safe prescribing practice.
- Promoting a culture of continued learning and development.
- Ensuring the non-medical prescriber only works within their agreed scope of practice/competencies.
- Agreeing areas of practice and competence with the non-medical prescriber and co-signing the approval to practice form.
- Ensuring and verify, where the scope of practice includes, specialist medicines, Controlled Drugs, off-label prescribing, prescribing for children and high-risk medicines, that the non-medical prescriber has the appropriate level of training and experience and is competent to safely prescribe these medicines.
- Using the RPS 'A Competency Framework for all Prescribers 2021' to assess ongoing competence to prescribe in any ongoing and future supervision.
- Actively monitoring 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.
- Ensuring the non-medical prescriber's quarterly prescribing data is reviewed.
- Addressing any prescribing issues/concerns regarding a non-medical prescriber in accordance with the practice and/or employing organisation's process for dealing with concerns, and escalates 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 the 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 non-medical prescribers, and their clinical supervisors, with their quarterly prescribing data 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 non-medical prescribers with the NHS Business Services Authority (NHSBSA) following receipt of an approval to practice form. (Prior to registering non-medical prescribers 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 non-medical prescribers with the NHSBSA once they have received confirmation from the employer/line manager that a non-medical prescriber has left.
- Ensuring non-medical prescribers complete and submit their annual declaration when due.
- Developing non-medical prescribers quarterly prescribing data and reports and highlighting any prescribing outside declared areas of competence/scope of practice.
- 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 Contractual requirements and CQC requirements

- **General Medical Services (GMS)** PRN00220-standard-general-medical-services-contract.pdf (england.nhs.uk) (Part 14) Prescribing and Dispensing. (Part 15) Persons who Perform Services.
- **Personal Medical Services (PMS)** PRN00222-standard-personal-medical-services-agreement.pdf (england.nhs.uk) (Part 20) Persons Who Shall Perform the Services. Schedule 4 – Prescribing.
- **Alternative Provider Medical Services (APMS)** NHS England » Standard alternative provider medical services contract 2023/24) Part 13) Persons who shall perform the Services. (Part 19) Prescribing

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 to assess, monitor and mitigate risks relating to the health, safety and welfare of patients.

CQC will assess how providers ensure that staff have the skills, knowledge and experience to deliver safe and effective care.

CQC will check how the provider has assured themselves that staff are capable, supported and provided with appropriate training for the role and how ongoing supervision and training is maintained over time.

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 Legal and Clinical Liability

- Each non-medical prescriber is individually and professionally accountable for all aspects of their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person.
- Non-medical prescribers should only prescribe under their own credentials. Non-medical prescribers must not be allocated spurious codes or be set up as locums. The Human Medicines Regulations 2012 stipulate that prescriptions must contain "an indication of the kind of appropriate practitioner giving it", meaning the profession of the prescriber.
- Non-medical prescribers must ensure they are aware of, and work within, their professional body's standards for prescribing as well as the policies and guidelines ratified by their employer.
- Non-medical prescribers must act in accordance with the professional and ethical frameworks described by their professional body and the Royal Pharmaceutical Society (RPS) Prescribing Competency Framework.
- Non-medical prescribers must only prescribe within their competency and within their valid scope of practice.
- When a non-medical prescriber is appropriately trained, qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for the actions of the non-medical prescriber.
- The non-medical prescriber's job description must include a clear statement that prescribing is required as part of their duties to their post.
- All non-medical prescribers should ensure they have adequate professional indemnity insurance that covers them for the scope of their prescribing practice.

- All non-medical prescribers need to complete an approval to practice form (Appendix 2). This form should be updated at least annually.
- Non-medical prescribers should 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)**.
  Transfer of information 'transcribing' or prescribing of repeat medicines by a prescriber must only take place within their own areas of competence and scope of practice and with clear recognition of their individual limitation, knowledge and skill. The prescriber must be confident that the patient has been assessed and understood the condition being treated and that the patient is having appropriate follow up and reviews. The prescriber will identify the potential risks associated with prescribing via remote media (telephone, on-line, email or through a third party) and take steps to minimise them.
- Non-medical prescribers must not prescribe for themselves. Neither should they prescribe for anyone with whom they have a close personal or emotional relationship (including friends and family), other than in exceptional circumstances (for further details refer to the relevant professional bodies' standards and codes of ethics).
- Non-medical prescribers should follow professional body standards and national guidance on administration of medicines. Where possible, prescribing and administration should remain separate activities. Exceptionally, where clinical circumstances make it necessary and in the interests of the patient, the non-medical prescriber can be responsible for the prescribing and supply/administration of medicines. Where this occurs, an audit trail, documents and processes should be in place to limit errors.
- Non-medical prescribers must only prescribe for children if they have the relevant knowledge, competence, skills and experience in caring for children. (**Non-medical prescribers 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**).
- Some non-medical prescribers may prescribe medicines for uses outside of their licensed indications/UK marketing authorisation (off-label) (see Appendix 3). In doing so they:
  - Accept professional, clinical and legal responsibility for that prescription.
  - Should only prescribe off-label medication where it is accepted clinical practice and in accordance with local formulary.
  - Must be satisfied that it would better serve the patient's clinical needs than a licensed alternative.
  - Must be satisfied that there is a sufficient evidence base to demonstrate its safety and efficacy.
  - Should explain to the patient in broad terms why the medicines are not licensed.
  - Must make clear, accurate and legible records for all medicines prescribed and the reason for prescribing off-label.

- 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.
- Non-medical prescribers should ensure that the patient/carer has sufficient information to enable the patient to derive the maximum benefit from the medicine. They will need to use their judgement regarding the competence of the patient/carer to administer the medicine safely and according to the instructions.

8.0 Issuing prescriptions

- Prescriptions may only be issued to patients registered with the GP practice that employs/engages with the non-medical prescriber.
- If the prescription needs to be handwritten, the non-medical prescriber should complete the FP10 prescription form in line with the 'Prescription writing' requirements specified in the electronic/online BNF.
- Non-medical prescribers who are prescribing controlled drugs should be familiar with the BNF prescription requirements for controlled drugs.
- All computer-generated prescriptions must be in accordance with NHSBSA requirements, available from http://www.nhsbsa.nhs.uk. All prescriptions must have the non-medical prescriber's name, non-medical prescriber's professional registration number, prescribing qualification and GP practice code and must be signed and dated by the named non-medical prescriber only. Please refer to the NHSBSA guidance for overprinting requirements and dispensing tokens.
- A clear audit trail for prescriptions is essential and non-medical prescribers may only prescribe on prescription forms bearing their own name and registration/PIN number. It is important to note that it is possible to issue computer generated FP10s bearing the name of other prescribers within a GP practice, which could result in an item being incorrectly attributed via ePACT2 data to a non-medical prescriber. If the issued medication is not within their areas of competence and scope of prescribing practice (as detailed on the non-medical prescriber's approval to practice form) this could raise concerns. GP practices should ensure that administrative staff who deal with computer generated prescriptions are aware of this issue, and that computer systems are correctly set up to help avoid this problem.
- The Electronic Prescription Service (EPS) is a way of issuing prescriptions and electronic signing of prescriptions represents the prescriber's authorisation. It will be important to bear in mind the following:
    - Prescriptions electronically sent to the NHS spine for access by the dispensing pharmacy must be authorised by the prescriber and this is represented by the electronic signature.
    - The signature must not be used by any other person than the authoriser.
    - The practice must have a robust protocol for the electronic issue of prescriptions including repeat dispensing which meets clinical governance and risk management issues.
- If handwritten prescriptions are required, then this should be done on an individual FP10 prescription form which must bear the non-medical prescriber's name and professional registration number, prescribing qualification, as well as the GP practice code. Pre-printed

prescription forms intended for handwritten prescriptions can be ordered from Primary Care Support England (PCSE).

- It is good practice to only prescribe a 28-day supply of any medication at any one time, except where it is standard practice to issue a complete course containing a longer period of treatment as is common with some medicines such as oral contraceptives and hormone replacement treatment. Less commonly, some patients may be issued less than 28-day supplies to limit risk of harm.
- All non-medical prescribers are advised to prescribe generically except where this would not be clinically appropriate, or where there is no approved generic name for the medicine, or the NHS Lancashire and South Cumbria formulary recommends use of a brand (Lancashire and South Cumbria Medicines Management Group).
- All non-medical prescribers are expected to consider relevant prescribing decision supports eg Optimise Rx, best practice and cost-effective guidance messages.

9.0 Adverse Drug Reaction and Incident 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 or online and herbal medicines.
- Electronic reporting to the MHRA is the method of choice 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.
- Non-medical prescribers should be familiar with local reporting systems, and should report all patient safety incidents in accordance with their organisation's (GP practice, PCN etc) incident reporting policy and via the ICBs incident reporting system - Ulysses.
- Medicines incidents involving controlled drugs (CDs) should also be reported on the CD reporting portal. Non-medical prescribers will need to register for the portal on first use.

10.0 Record Keeping

- Non-medical prescribers need to be familiar with, and comply with, their professional standards on record keeping.
- Following a full assessment of the patient, details of this assessment, together with details of the prescription, must be recorded in the appropriate documentation or on the GP computer system. All prescribers are required to keep accurate, timely, comprehensive and accessible records that are unambiguous and, if handwritten, are legible.
- In supplementary prescribing an agreed Clinical Management Plan (CMP), either written or electronic, must be in place, in accordance with CMP guidelines. The plan must relate to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient's record.

11.0 Security and Safe Handling of Prescription Pads

- Controlled stationary is any stationary, which, in the wrong hands, could be used to obtain medicines or medical items fraudulently. Prescription pads are considered controlled stationery, and are issued by NHS England and always remain the property of the employer.
- Practices must have appropriate procedures and systems in place to ensure that all prescription pads are properly protected, secured and managed, in line with NHS Counter Fraud Authority (NHSCFA) policy on 'Management and Control of Prescription forms'.
- The security of prescription forms is the responsibility of both the practice and the individual prescriber. It is advisable to hold only minimal stocks of prescription forms.
- All non-medical prescribers should be aware of the practice's procedures and systems relating to prescription pads.
- It is the responsibility of the practice to order and maintain a register of prescription serial numbers that have been given to non-medical prescribers.
- Under no circumstances should blank prescription forms be pre-signed before use. When not in use prescription pads must be stored in a suitable locked drawer/cupboard. When travelling between patients, prescription pads should be kept out of sight and never be left unattended in the car.
- Best practice dictates that where possible; prescription pads should be returned to safe storage at the end of the day.
- Non-medical prescribers must only write prescriptions on a prescription pad bearing their name, professional registration number/PIN number and prescribing qualification.
- If a prescription is written in error 'VOID' should be written across the prescription, a note of the prescription serial number made. The spoiled prescription should be destroyed as soon as possible (see NHSCFA policy on 'Management and Control of Prescription forms').
- Prescription pads must be returned to the practice manager/line manager before the last day of employment, commencement of maternity leave or anticipated long-term sickness leave. It is the responsibility of the line manager/practice manager to ensure that prescription pads are retrieved from non-medical prescribers.
- Spoiled, old or unused prescription forms should be securely destroyed (eg by shredding) once the prescription serial numbers have been recorded, in line with the NHSCFA policy on 'Management and Control of Prescription forms'.
- The destruction of prescription forms should only be undertaken by a person of suitable authority and should be witnessed by another member of staff (see NHSCFA policy on 'Management and Control of Prescription forms').

12.0 Loss or Theft of Prescription Pads

- It is the responsibility of the practice to ensure that they have effective processes in place for staff to report incidents involving prescription forms. These processes should be documented within a Standard Operating Procedure (SOP) or policy and widely communicated to staff.
- All non-medical prescribers must inform their line manager/practice manager of any lost or stolen prescriptions. This must be done on the same day the prescriptions were noted to

be lost/stolen. If loss or theft of prescriptions occurs during a weekend the prescriber should notify their line manager/practice manager on the next working day.

- Any lost or stolen prescriptions should be reported. It is the responsibility of the practice and the non-medical prescriber to ensure these are reported.
- All lost or stolen blank prescription forms must be reported to the Controlled Drugs Accountable Officer (CDAO) via the Controlled Drug reporting website – http://www.cdreporting.co.uk as well as on the practice incident reporting system. Details of the approximate number of scripts lost or stolen, their serial numbers and when and where they were lost/stolen will be required. If there were any witnesses to the event, then a description of possible suspects may be requested.
- For any **suspected fraudulent activity including stolen prescription pads**, please:
    - contact police on 101 **and** Controlled Drugs Accountable Officer via england.nwcdreporting@nhs.net to have an alert produced and circulated.
    - if you have any suspicions or concerns about prescription forms being fraudulently used, you should also report this to the NHS Counter Fraud Agency. Reports can be submitted on-line at https://cfa.nhs.uk/report-fraud.
- To support practices and non-medical prescribers to learn from incidents involving lost or stolen prescription pads, all incidents must also be reported via Ulysses.

13.0 Controlled Drugs (CDs)

- Non-medical prescribers must only prescribe CDs if they are legally entitled to do so (see Appendix 3).
- Non-medical prescribers must not prescribe beyond their limits of competence and experience. This must be stated on their approval to practice form (Appendix 2) and approved by their clinical supervisor.
- Legally the prescription must include the dosage to avoid uncertainty on administration.
- All CD incidents and concerns should be reported via the CD reporting website – http://www.cdreporting.co.uk. Non-medical prescribers will need to register the first time they use the website. The Lancashire and South Cumbria ICB Medicines Optimisation Team have developed a helpful guide to support practices in understanding when and how to report CD incidents/concerns. This information can be found on the Primary Care Intranet Site - select Medicines Optimisation tab and go to Medicines Safety (Primary Care Intranet > Medicines Optimisation > Medicines Safety > Controlled Drugs).
- Non-medical prescribers should be aware of the practice polices around the handling and management of CDs.
- All employers/practices and non-medical prescribers should be aware of and refer to the "Controlled drugs: safe use and management guideline (NG46)" published by the National Institute for Health and Care Excellence (NICE), April 2016.

14.0 Audit

This framework supports the governance processes for all non-medical prescribing within General Practice in NHS Lancashire and South Cumbria together with specific safeguards such as:

- Numeracy assessment: only practitioners who have successfully completed the mandatory on-line numeracy assessment, sn@p, will be nominated for the Independent/Supplementary Programme for non-medical prescribing.
- Approval to practice/annual declaration form (Appendix 2): defines and reviews safe prescribing parameters and provides assurances around CPD. This should be updated annually as a minimum, or sooner if competencies change.

This framework also provides NHS Lancashire and South Cumbria ICB with assurance that the non-medical prescriber's employing organisation has appropriate governance in place regarding non-medical prescribing and reminds them of their roles and responsibilities.

NHS Lancashire and South Cumbria ICB will ensure that individual electronic prescribing data (ePACT2) is available at quarterly intervals.

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.

ICB NMP Leads will have access to prescribing data and may conduct routine and periodic audits to discharge responsibility for maintaining the integrity of the ICB NMP register. Such audits may be proactive (eg a review of a particular area of prescribing such as antibiotics) or reactive when a concern has been identified (eg relating to the volume or scope of prescribing).

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.

15.0 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 their regulatory body, for example, HCPC, NMC, GPhC.	
SOP for registration and de-registration of non-medical prescribers 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 non-medical prescribers 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 non-medical prescribers 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. Or explain what action will be taken to ensure no future prescribing.	
Review of branded, non-formulary/'Do Not prescribe' (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 AMBER / AMBER SHARED CARE drugs

Have any Amber / Amber shared care drugs been prescribed? **Yes / No**

Where **Amber shared care drugs** have been prescribed:

1) Was there a shared care agreement/guideline in place and recorded in the patient notes? **Yes / No**
2) Was all monitoring up to date and in line with the relevant shared care agreement/guideline? **Yes / No**

Reflect on your prescribing of amber shared care drugs and on your competency to exercise your share of clinical responsibility. Consider the following points:

a. Are you keeping yourself informed about the shared care medicine(s) that were prescribed?
b. Are you able to recognise the serious and frequently occurring adverse side effects?
c. Are you making sure appropriate clinical monitoring arrangements are in place and that the patient understands them?
d. Are you keeping up to date with relevant guidance on the use of the shared care medicine(s) and on the management of the patient's condition?
e. Have you read and understood the contents/requirements in the relevant shared care protocol/guidance?

Please note down any additional learning / continuing professional development (CPD) that you will undertake following your reflection:

Review of controlled drugs
Do you hold the right to legally prescribe controlled drugs? **Yes / No**
Have you prescribed controlled drugs? **Yes / No**
Morphine Equivalent Daily Dose (MEDD) 1. Have you prescribed opioids where the MEDD is greater than 120mg? **Yes / No** 2. Are you aware of the national guidance and local guidance around high dose opioids in chronic pain? **Yes / No** *National guidance:* Opioids Aware | Faculty of Pain Medicine (fpm.ac.uk) *Local guidance:* Lancashire and South Cumbria have a position statement 3. Where MEDD exceeds 120mg, have clinical management plans been put in place, and are these patients being followed up/reviewed and dose reduction considered? **Yes / No** If 'No' explain why not and what is being done to mitigate risk to patients:
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. Or explain what action will be taken to ensure no future prescribing.	
I will commit to keeping up to date in the clinical areas of my practice through regular CPD and reflective practice.	☐ (Please tick)
Signature of non-medical prescriber:	
Signature of clinical supervisor/DPP:	

Please ensure this completed form and, where applicable, an updated annual declaration/scope of practice form is emailed to:

- *MLCSU:MLCSU.nmpregister@nhs.net*
- ***and** ICB NMP Lead: lscicb-el.nonmedicalprescribingenquiries@nhs.net.*

Appendix C

Using the ICB NMP register - MLCSU to send employer/line manager and/or non-medical prescribers an email to invite them to confirm validation of their practice and completion of annual declaration.

↓

After two weeks: If no response a reminder email is sent to the employer/line manager and/or non-medical prescriber requesting for:

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

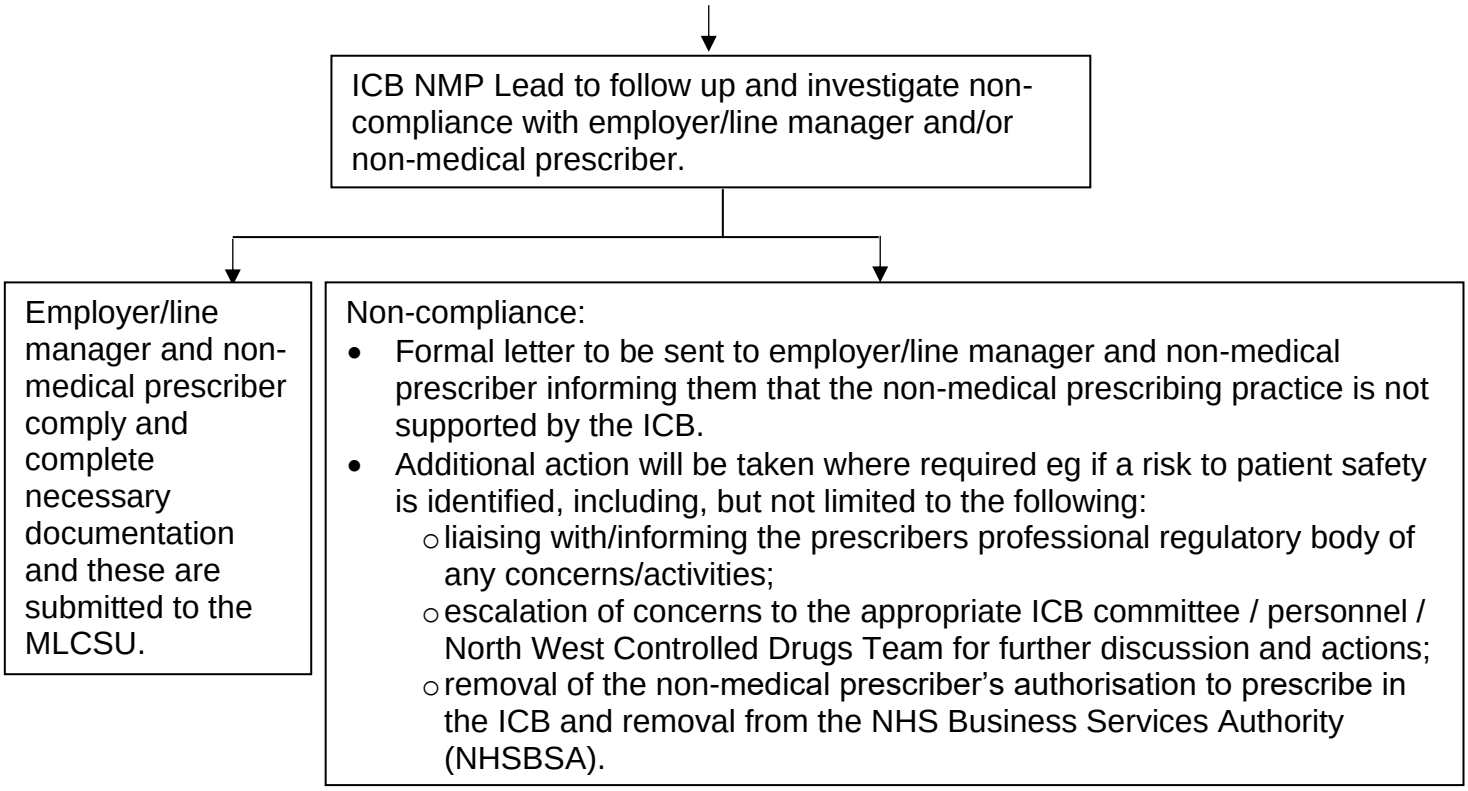
↓

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

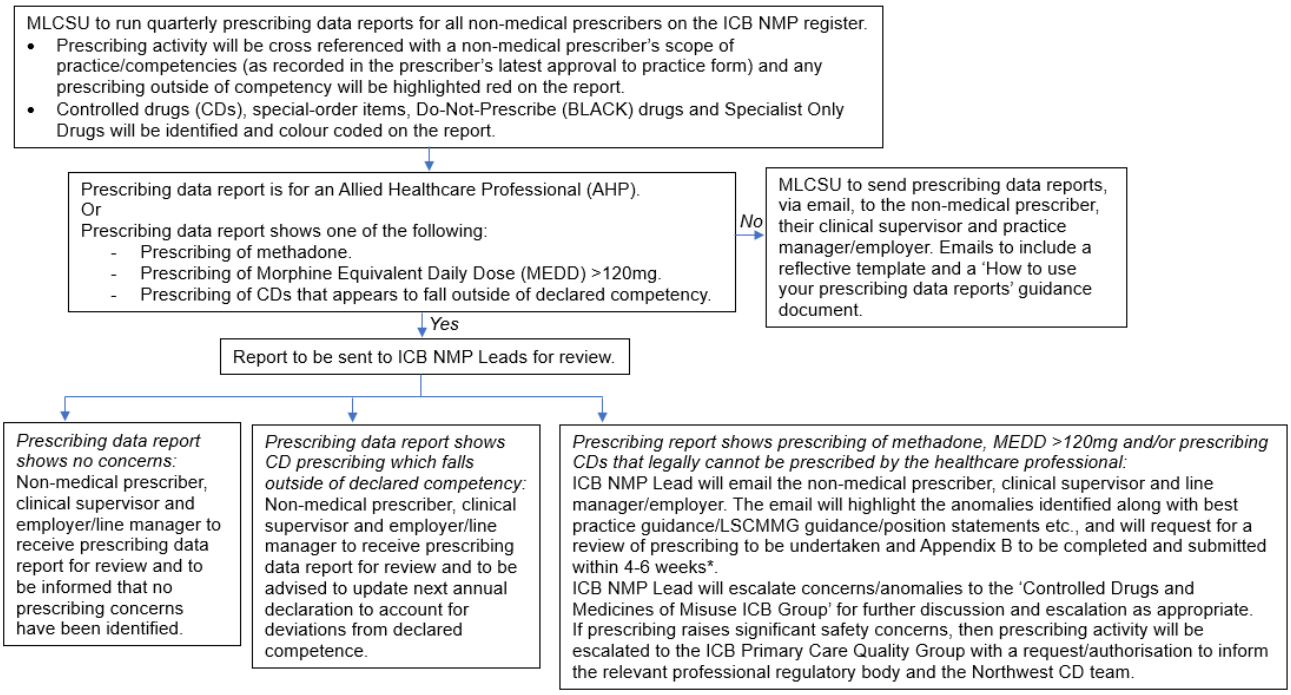
- Validation of the prescriber working in the practice.
- Completion of annual declaration.

↓

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



*It is the responsibility of the non-medical prescriber to act on the advice provided in the email, undertake a review with their supervisor, put steps in place to prevent the anomalies from occurring again and complete, and submit, an Appendix B within the specified timeframe. Follow up/chaser emails may not always be sent and failure to complete the requests will be noted on the ICB NMP Lead database as non-compliance with the ICB NMP Policy and governance framework. This information will be shared with relevant parties, including CQC and professional body regulators, if/when appropriate or requested for.

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: