

Manchester Health and Care Commissioning

<Governance Committee>

Agenda Item	2.1c	Date	20/05/2019
Report Title	Manchester Health and Care Commissioning (MHCC) Non-Medical Prescribing Policy		
Report Author	Jatinder Saimbi – MHCC NMP Lead		
Summary	<p>The report presents to the committee a policy for non-medical prescribing. The policy has been developed to:</p> <ul style="list-style-type: none"> • use as a framework to ensure that prescribing by all non-medical prescribers is introduced appropriately. • ensure only health professionals with appropriate skills, knowledge and competencies are authorised to apply for the non-medical prescribing course. • ensure prescribing practice by non-medical prescribers is safe and in line with current legislation and guidelines. • set out the administrative and procedural steps necessary to ensure patient safety and support effective prescribing practice. 		
Strategic Objectives considered in this report	<ul style="list-style-type: none"> • Improve the health and wellbeing of people in Manchester • Ensure services are safe, equitable and of a high standard with less variation <p>The policy is to improve opportunities for professional development and ensure robust governance around non-medical prescribing.</p>		
Risks considered in this report	<p>The Medicines Optimisation Team have a risk register and this is the most relevant risk:</p> <p>There is a risk that inappropriate prescribing could occur because of gaps in the governance system for non-medical prescribers. This could result in patient's becoming clinically unwell or death, and a legal risk to MHCC.</p>		
Confirmation that	Yes		

<p>equality analysis has been fully considered in the preparation and design of the reported policy, plan or strategy.</p>	<p>The Equality Analysis identified two neutral impacts:</p> <ol style="list-style-type: none"> 1. Pregnancy & Maternity 2. Disability <p>No other impacts were identified, as the policy does not have any specific impact on the other protected groups.</p> <p>Any resulting strengthening actions are indicated within the 'Equality Analysis Action Plan' of the Equality Analysis</p> <p>Please see the completed Equality Analysis for further details:</p>
<p>Financial Implications</p>	<p>Not Applicable</p>
<p>Public and Patient Engagement</p>	<p>Not Applicable</p>
<p>Recommendations</p>	<p>The committee is recommended to:</p> <ol style="list-style-type: none"> 1. Approve the Non-Medical Prescribing Policy

1.0 Introduction

- 1.1 MHCC have identified that non-medical prescribing is a risk to the organisation, which led to the introduction of the NMP Lead post. The post holder was considered necessary to implement robust governance processes for non-medical prescribing.
- 1.2 MHCC did not have a policy for non-medical prescribing. This policy has been developed to ensure robust governance around non-medical prescribing across Manchester.
- 1.3 The MHCC non-medical prescribing policy, attached in Appendix 1, is presented to the committee for its consideration and final endorsement/approval.
- 1.4 There are numerous procedural/operational documents alongside this policy which include – NMP registration form, p-formulary, NMP annual declaration form, process maps, and an EMIS standard operating procedure. These documents have formed the Appendices (Appendix 1-20) of the policy as stated in the contents page. Not all appendices have been included in this

report as they describe processes and/or have already been approved by the Manchester Area Prescribing Committee.

- 1.5 Appendices 12 – 17 have been included in this report, attached in Appendix 2, as they are deemed to have some element of governance associated with them.

2.0 Background

- 2.1 Non-medical prescribers support the delivery of priority clinical areas in primary care, improving service user care without compromising their safety, making it easier for service users to get the medicines they need and increasing service user choice accessing medicines.
- 2.2 MHCC is committed to supporting non-medical prescribing across its services to ensure timely, safe and holistic care to its patients.
- 2.3 This policy will support applications of interest for a non-medical prescribing course and provides a framework for existing non-medical prescribers working in primary care across Manchester, to ensure safe and effective prescribing practice by non-medical prescribers.
- 2.4 The policy and the procedural/operational documents have undergone consultation with members of the Manchester Area Prescribing Committee, and feedback has been positive. Some members of the Manchester Area Prescribing Committee suggested changes to wording which have been actioned. The updated NMP policy was approved and agreed for submission (by the Manchester Area Prescribing Committee) to the Governance Committee in March 2019.

3.0 Conclusion

- 3.1 This report presents a new non-medical prescribing policy for MHCC. Amendments to the policy have been undertaken following consultation with the Manchester Area Prescribing Committee and Equality Analysis. The final version, excluding the procedural/operational documents stated above, which has been circulated to members of the Manchester Area Prescribing Committee, is presented to the Governance Committee for approval.

Appendix 1: Manchester Health and Care Commissioning (MHCC) Non-Medical Prescribing Policy

DOCUMENT CONTROL PAGE

Version 1.2	
Title	Manchester Health and Care Commissioning (MHCC) Non-Medical Prescribing Policy
Author	Jatinder Saimbi - NMP Lead, MHCC
Reviewers	Mary Crabb - Senior Medicines Optimisation Advisor, MHCC Area Prescribing Committee, MHCC Joanne Oakes - Lead Nurse, MHCC Heather Bury - Locality Lead Pharmacist for Practice Based Medicines Optimisation Team, MHCC
Discussion, Consultation & Approval By:	Manchester Area Prescribing Committee Date Applicable: 27/03/2019
Approved By:	Manchester Health and Care Commissioning Governance Committee Date Applicable:
Applicable From:	
Review Date:	

Manchester Health and Care Commissioning (MHCC)

Non-Medical Prescribing Policy

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Appendix 18: Assurance Form

Appendix 19: Entering Non-Medical Prescribers onto EMIS Web

Appendix 20: Contact Details

1. Introduction

- 1.1 Non-medical prescribing is prescribing by registered nurses, midwives, pharmacists, physiotherapists, podiatrists, therapeutic radiographers, paramedics, optometrists, diagnostic radiographers and dietitians who have successfully completed a non-medical prescribing qualification.
- 1.2 The term non-medical prescribing encompasses three modes of prescribing:
 - Community Practitioner Nurse Prescribing
 - Supplementary Prescribing
 - Independent Prescribing
- 1.3 This policy has been developed to ensure that all prescribing by non-medical prescribers, working across Manchester, is managed and governed appropriately.
- 1.4 This policy details the systems and processes that must be adhered to, to assure safe and effective non-medical prescribing practice.
- 1.5 To be entitled to prescribe across Manchester, practitioners must be registered as prescribers with their professional regulatory body, and demonstrate up-to-date clinical competence in their intended field of prescribing.

2. Purpose

- 2.1 The purpose of this document is to set out the principles on which non-medical prescribing is based and ensure that:
 - Professional and statutory obligations are met.
 - Prescribing benefits patient care by improving access to medicines.
 - Robust standards are in place for non-medical prescribing.
 - There is clarification on accountability and responsibility.
 - There is a framework and guidance under which potential applicants can determine eligibility to undertake an approved prescribing programme.
 - The prescribing practice is compatible with the service development plans of MHCC, 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 Greater Manchester Medicines Management Group (GMMM)).

- All non-medical prescribers are supported in their role and access continuing professional development.

2.2 This non-medical prescribing policy should be read in conjunction with the documents detailed below:

- Improving Patients' Access to Medicines: A guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England (Department of Health, 2006).
- Medicines Matters. A guide to mechanisms for the prescribing, supply and administration of medicines (in England) (Specialist Pharmacy Services, 2018).
- Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England. A guide for implementation (Department of Health, 2005).
- Standards for pharmacy professionals (General Pharmaceutical Council, 2017).
- Standards for prescribing (Health and Care Professions Council, 2016).
- A Competency Framework for all Prescribers (Royal Pharmaceutical Society, 2016).

3. Equality Analysis

- 3.1 MHCC is committed to promoting equality, diversity and human rights in all areas of its activities.
- 3.2 MHCC undertakes equality analysis 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, human rights and socio-economic status.
- 3.3 An equality analysis of the non-medical prescribing policy has been undertaken.

4. Scope of the Policy

- 4.1 This policy applies to all registered nurses, pharmacists and allied health care professionals, working within Manchester, who, in accordance with their job description, undertake prescribing as part of their role. This includes:
- Community Practitioner Nurse Prescribers (V100 and V150).
 - Nurse Independent Prescribers (V200/V300).
 - Nurse Supplementary Prescribers.
 - Pharmacist Independent & Supplementary Prescribers.

- Physiotherapist Independent & Supplementary Prescribers.
- Paramedic Independent & Supplementary Prescribers.
- Podiatrist Independent & Supplementary Prescribers.
- Optometrist Independent Prescribers.
- Therapeutic Radiographer Independent & Supplementary Prescribers.
- Diagnostic Radiographer Supplementary Prescribers.
- Dietitian Supplementary Prescribers.

This list is not exhaustive and may be expanded following further changes in legislation.

5. Roles and Responsibilities

5.1 This section contains an overview of the responsibilities, duties and accountability of the employer, line manager, clinical supervisor, non-medical prescriber and MHCC.

5.2 The **employer/line manager** will be responsible for ensuring that:

- They obtain and provide prescription pads (if appropriate) for the non-medical prescriber.
- The non-medical prescriber has access to a prescribing budget.
- They comply with MHCC governance processes for non-medical prescribing (see Appendix 16 and 17).
- The non-medical prescriber has an up-to-date DBS certificate, which meets the organisation's (GP practice, Health Centre etc.) requirements.
- The non-medical prescriber has appropriate supervision to support them to prescribe independently.
- The non-medical prescriber has read and agrees to adhere to the MHCC Non-Medical Prescribing Policy.
- The non-medical prescriber agrees to adhere to local and national prescribing guidance and legislation.
- The non-medical prescriber's job description has been altered to clearly identify their scope to practice as a non-medical prescriber.
- The organisation (GP practice, Health Centre 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 the most up-to-date NHS Counter Fraud Authority (NHSCFA) policy on 'Management and Control of Prescription forms'.

- The non-medical prescriber is authorised and set up on the electronic prescribing system (EMIS) when they start with the organisation (GP practice, Health Centre etc.) and removed off the system when they leave the organisation (see Appendix 19).
- The non-medical prescriber only works within their clinical competencies. [MHCC do recommend all independent non-medical prescribers keep a personal formulary and only prescribe drugs that are listed in this formulary – see Appendix 4].
- The non-medical prescriber is supported in their appraisal preparation.
- The non-medical prescriber is integrated into the organisation's governance structure, in a manner appropriate to the nature and duration of their placement/employment.
- The non-medical prescriber is aware of (and has access to) the following reference sources:
 - British National Formulary (BNF) - <https://bnf.nice.org.uk/>
 - BNF for children - <https://bnfc.nice.org.uk/>
 - Royal Pharmaceutical Society – A competency framework for all prescribers -
<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf>
 - MHRA drug safety updates - <https://www.gov.uk/drug-safety-update>
 - Electronic medicines compendium -
<https://www.medicines.org.uk/emc>
 - NICE guidelines - <https://www.nice.org.uk/>
 - GMMMG - <http://gmmmg.nhs.uk/>
 - GMMMG clinical guidance and pathways -
<http://gmmmg.nhs.uk/html/cgp.php>
 - GMMMG do not prescribe list -
http://gmmmg.nhs.uk/html/dnp_grey.php
 - GMMMG red/amber/green list -
http://gmmmg.nhs.uk/html/rag_dnp_adult.php
 - GMMMG shared care guidelines -
http://gmmmg.nhs.uk/html/gmmmg_app_scgs.php
- Appropriate pre-employment checks are undertaken (*if a non-medical prescriber is through an agency, it is the responsibility of the GP practice to ensure the agency has carried out the pre-employment checks*).

- The non-medical prescriber is registered with their relevant professional body and has a licence to practice and prescribe (Nurse and Midwifery Council (NMC) for nurses, General Pharmaceutical Council (GPhC) for pharmacists and Health and Care Professions Council (HCPC) for allied health professionals).
- The organisation (GP practice, Health Centre etc.) is aware if the non-medical prescriber has any restrictions on their practice and that they will be able to work within these restrictions.
- The organisation provides a suitable induction for the non-medical prescriber (when applicable) 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 etc.).

5.3 The **clinical supervisor/mentor** will:

- Ensure that non-medical prescribing is necessary and beneficial to patient care and does not pose unnecessary risks.
- Take responsibility for the oversight of the non-medical prescriber's prescribing competencies.
- Ensure the non-medical prescriber only works within their agreed scope of practice.
- Undertake annual appraisal of prescribing activity to ensure adherence to local and national guidance.
- Provide ongoing support and mentorship to ensure safe prescribing practice.
- Actively monitor prescribing competencies and the non-medical prescriber's continued professional development (CPD) portfolio at agreed intervals (minimum once a year).
- Discuss and agree areas of practice and competence with the non-medical prescriber.
- Ensure the non-medical prescriber is competent to take a patient history.
- Ensure the non-medical prescriber is competent to undertake a clinical assessment.
- Ensure the independent non-medical prescriber is competent to diagnose within their area and field of practice.

- Support the process of demonstration to the Clinical Commissioning Group (CCG) of continued competence for the non-medical prescriber to prescribe by signing the annual declaration form.
- Support the process of demonstration to the CCG of continued competence for the independent non-medical prescriber by signing their personal formulary.

5.4 The **non-medical prescriber** will:

- Ensure they comply with MHCC governance processes for non-medical prescribing (see Appendix 16 and 17).
- Ensure they use one of the MHCC accepted personal formulary templates (see Appendix 4) when developing their personal formulary. This is only applicable to non-medical prescribers working as independent prescribers.
- Adhere to the MHCC Non-Medical Prescribing Policy, local/national guidelines (see Section 9 of this policy) and their professional code of conduct.
- Adhere to other local guidelines developed by MHCC, for prescribing and repeat prescribing.
- Remain up to date on therapeutics in their field of prescribing practice.
- Remain up to date on changes to national and local prescribing guidelines.
- Ensure they are competent in taking a patient history, a clinical assessment and making a diagnosis (if acting as an independent non-medical prescriber) in their area of practice.
- Take full responsibility and accountability for clinical assessments undertaken, management of patients and their prescribing decisions.
- Only prescribe medicines that are on their personal formulary. This is only applicable to non-medical prescribers working as independent prescribers.
- Only prescribe medicines (including controlled drugs), within the framework of a patient specific clinical management plan, which has been agreed with a medical prescriber (doctor or dentist). This is only applicable to non-medical prescribers working as supplementary prescribers.

- Only prescribe medicines listed in the nurse prescribers' formulary (NPF) for community practitioners. This is only applicable to non-medical prescribers working as community practitioner nurse prescribers.
- Monitor and review patient progress and response to treatment and take action accordingly.
- Ensure their professional registration is current and active, with their non-medical prescribing role registered with their professional body.
- Ensure their role as a prescriber is clearly stated in their job description.
- Ensure they provide evidence-based, safe, cost effective prescribing to their patients at all times, which is patient centred and responds to the patient's needs.
- Keep accurate, legible, unambiguous and contemporaneous records of a patient's care, which identifies them as the non-medical prescriber, including details of all prescriptions issued.
- Ensure that patients are made aware of the scope and limits of non-medical prescribing.
- Ensure patients understand their rights in relation to non-medical prescribing (patients have the right to refuse treatment/prescribing from a non-medical prescriber).
- Liaise with other healthcare providers, as appropriate, in accordance with service policies; ensuring patients are referred to other healthcare professionals when necessary.
- Ensure that prescriptions are written legibly, legally and in accordance with the BNF 'prescription writing' requirements.
- Ensure they comply with the organisation's (GP practice, Health Centre etc.) procedures, systems and processes on prescription stationary.
- Take part in peer review when requested.
- Undertake an audit and monitoring of prescribing when requested.
- Undertake patient satisfaction surveys when requested.
- Hold appropriate indemnity insurance to cover their role as a non-medical prescriber.
- Ensure they engage in appropriate CPD, supervision and submit evidence of their ongoing competence to prescribe when requested.
- Provide guidance, supervision and training to other staff in relation to non-medical prescribing issues, as appropriate.

- Report all patient safety incidents in accordance with their organisation's (GP practice, Health Centre etc.) Significant Event Analysis policy: <https://www.cgc.org.uk/guidance-providers/gps/nigels-surgery-3-significant-event-analysis-sea>.
- Ensure that they have access to (and use) the current version of the BNF/BNF for children/NPF, as appropriate.
- Cooperate with any investigations into their prescribing practice.
- Maintain a personal formulary that is up to date, if acting as an independent non-medical prescriber (the personal formulary templates accepted by MHCC can be found in Appendix 4).
- Never write a prescription for themselves, friends or family members.
- Only prescribe for patients directly under their care in their normal working practice.
- Not routinely sign repeat prescriptions, unless the repeat prescriptions are for patients who are under their care and are for drugs which are listed in their personal formulary. [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].
- Not administer a medication that they have prescribed. Prescribing and administration should remain separate activities. If this is not possible a second practitioner, who is authorised to administer the medication should provide a second check.
- Ensure they maintain an up to date portfolio, documenting clearly the hours of continuing professional development completed and any associated certificates.
- Ensure they review their prescribing data quarterly. [It is good practice to complete the form in Appendix 12 with the clinical supervisor/mentor, when reviewing prescribing data. There is no need to submit this form to the MHCC NMP Lead, but it is recommended that this form is kept in the non-medical prescriber's portfolio].

5.5 **MHCC** will be responsible for:

- Ensuring there is an up-to-date register/database of non-medical prescribers working within MHCC. [Details of all non-medical prescribers must be retained on the register for six years after the prescriber ceases working for the practice].

- Carry out a biannual check of non-medical prescribers employed by GP practices across MHCC.
- Processing Health Education England (HEE) / Service Level Agreement (SLA) applications for the non-medical prescribing course, including nomination for numeracy assessment.
- Monitoring prescribing data on a quarterly basis.
- Notifying, via email, all non-medical prescribers with their quarterly prescribing data, for them to review with their clinical mentor/supervisor or other medical practitioner.
- Highlighting any prescribing issues and escalating any non-medical prescribing issues that haven't been dealt with at practice level to the appropriate personnel/committee.

6. Process for Applying to a Non-Medical Prescribing Course

6.1 Practitioners from all appropriate professions wishing to train as a non-medical prescriber need to:

- Ensure they meet the entry criteria for the course, as stated by their regulatory body (GPhC, NMC, HCPC etc.).
- Ensure they meet the Higher Educational Institute (HEI) entry requirements listed on the nomination form (accessed from the following link <https://www.hecooperative.co.uk/>).
- Ensure they have the support of their employer.
- Ensure the employer agrees to release them for the course requirements: 26 days in university and 12 days clinical practice supervision.
- Attend university taught sessions and avoid booking annual leave for the relevant university days.
- Identify an appropriate Designated Medical Practitioner (DMP) / Designated Prescribing Practitioner (DPP) / Practice Assessor / Practice Supervisor (see Appendix 1), who meet the requirements stated in their professional regulatory body standards and HEI standards.
- Comply with any pre-course requirements for entry onto the course e.g. numeracy assessment.
- Contact the MHCC NMP Lead and ensure all relevant paperwork is fully completed.

- Identify the therapeutic area and field, where they already have considerable expertise, and for which they intend to prescribe.

6.2 The **employer** should ensure they:

- Only nominate candidates who meet the entry criteria of the course (the entry criteria will be stated in the education standards/prescribing standards of the relevant regulatory body (GPhC, NMC, HCPC etc.)).
- Provide support to the practitioner and release them for the prerequisite number of days, as well as time with their DMP/DPP/Practice Assessor/Practice Supervisor.
- Have identified a prescribing role and it is in the practitioner's job description.
- Have the relevant budgeting arrangements in place.
- Have the capacity in the practice to allow the practitioner, when qualified, to prescribe within their role, both safely and effectively.

6.3 Practitioners must be competent in taking a patient history, a clinical assessment and making a diagnosis in their area of practice (not applicable to pharmacists).

6.4 Before training to prescribe, pharmacists must have at least two years' appropriate patient-oriented experience post registration, in a relevant UK practice setting.

6.5 Follow the processes in Appendix 8 when applying for a non-medical prescribing course.

7. **Funding for the Non-Medical Prescribing Course**

7.1 Health Education England (HEE) funding for the non-medical prescribing course is limited, and will therefore only be offered to candidates who meet the principles, set by HEE, for the use of workforce development funding.

7.2 Where applicable, HEE funded places will be offered in order of requests received from eligible candidates.

8. **Legal and Clinical Liability**

8.1 Each qualified 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.

8.2 Each qualified non-medical prescriber should prescribe within the locally agreed formularies and guidelines.

- 8.3 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.
- 8.4 The non-medical prescriber's job description must include a clear statement that prescribing is required as part of their duties to their post. [This is the responsibility of both the employer and the non-medical prescriber].
- 8.5 Each non-medical prescriber must be aware of, and is expected to work within, their professional body standards for prescribers (see below), as well as the policies and guidelines ratified by their employer.
 - NMC – Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers'.
 - NMC – The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates.
 - GPhC - Conduct, Ethics and Performance.
 - GPhC - Standards for pharmacy professionals.
 - GPhC - Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers'.
 - HCPC - Standards for prescribing.
 - HCPC - Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers'.
- 8.6 All prescribers should ensure they have adequate professional indemnity insurance that covers them for the scope of their prescribing practice.
- 8.7 All qualified non-medical prescribers need to comply with the MHCC governance processes for non-medical prescribing (see Appendix 16 and 17). This will identify that non-medical prescribers have the relevant knowledge, competence, skills and experience (including children and controlled drug prescribing).
- 8.8 It is good practice for non-medical prescribers to complete the forms in Appendix 6, 7 and 12, and once completed, and signed by the clinical supervisor; keep these in their own portfolio.
- 8.9 Non-medical prescribers must ensure that patients are informed that they are being treated by a non-medical prescriber and of the scope and limits of their prescribing. Therefore, there may be circumstances where the patient has to be referred on to another healthcare professional to access other aspects of their care.

- 8.10 Transcribing is the term used when writing medication from 'one direction to supply or administer' to another form of 'direction to supply or administer'. Non-medical prescribers cannot sign off transcribed medication unless they are confident that they have assessed the patient, understand the condition being treated and the prescriptions are within their own areas of competency/approval.
- 8.11 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 detailed above).
- 8.12 Non-medical prescribers must only prescribe for patients directly under their care in their normal working practice.
- 8.13 If a prescriber issues a repeat prescription, they are responsible and accountable as the signatory of that prescription. The non-medical prescriber should therefore be familiar with the patient, their condition and the medication required; in addition this must be within their scope of prescribing practice/competency.
- 8.14 Where issuing ongoing repeats, the non-medical prescriber is responsible for the ongoing assessment of the patient to ensure prescribing remains in line with clinical need.
- 8.15 Non-medical prescribers must not administer a medication that they have prescribed. Prescribing and administration should remain separate activities. If this is not possible a second practitioner, who is authorised to administer the medication, should provide a second check.
- 8.16 The non-medical prescriber should ensure that the person administering the medicine has sufficient information to enable the patient to derive the maximum benefit from it. The non-medical prescriber will need to use their judgment regarding the competence of the patient or carer to administer the medicines safely and according to instructions, this will include for example:
- That storage is safe, secure and affords environmental protection for the medicine (e.g. heat, light, moisture etc.).
 - That the patient/ carer understand the reason for taking/using the medicine and the consequences of not doing so.
- 8.17 Non-medical prescribers must be able to recognise and deal with pressures that might result in inappropriate prescribing. Pharmaceutical companies that are members of the Association of British Pharmaceutical Industry (ABPI) are required to comply with the ABPI Code of Practice for the Pharmaceutical Industry 2019, which regulates the promotion of prescription medicines and certain other non-promotional activities. It is important that non-medical

prescribers make choices of a medicinal product for their patients on the basis of evidence, clinical suitability and cost effectiveness, and in line with the local formulary.

- 8.18 Non-medical prescribers need to be familiar with and comply with their professional standards on interacting with the pharmaceutical industry.
- 8.19 Independent prescribers may prescribe medicines for uses outside of their licensed indication/UK marketing authorisation (off-label). In doing so they accept professional, clinical and legal responsibility for that prescription, and should only prescribe off-label medication where it is accepted clinical practice and in accordance with local formulary.
- 8.20 In order to prescribe off-label, the following conditions apply. The prescriber:
- Is satisfied that it would better serve the patient's clinical needs than a licensed alternative.
 - Is satisfied that there is a sufficient evidence base to demonstrate its safety and efficacy.
 - Should explain to the patient in broad terms why the medicine is not licensed.
 - Must make clear, accurate and legible records for all medicines prescribed and the reason for prescribing off-label.
- 8.21 Nurse independent prescribers, pharmacist independent prescribers and supplementary prescribers may prescribe unlicensed medicines. In doing so they accept professional, clinical and legal responsibility for that prescription and should only prescribe unlicensed medication where it is accepted clinical practice and in accordance with local formulary.

9. Prescribing Guidance

9.1 All healthcare professionals eligible to prescribe within MHCC must adhere to:

- GMMMG formulary - http://gmmmg.nhs.uk/html/formulary_bnf_chapters.html
- GMMMG do not prescribe list - http://gmmmg.nhs.uk/html/dnp_grey.php
- GMMMG red/amber/green list - <http://gmmmg.nhs.uk/html/rag.php>
- GMMMG clinical guidance and pathways - <http://gmmmg.nhs.uk/html/cgp.php>
- GMMMG shared care guidelines - http://gmmmg.nhs.uk/html/gmmmg_app_scgs.php

- Greater Manchester Antimicrobial Guidelines - <http://gmmmg.nhs.uk/docs/guidance/GM-Antimicrobial-guidelines-Amended-March-2019-v3-0.pdf>
 - Appropriate national and local guidelines
- 9.2 All GMMMG guidance is applicable to primary and secondary care ensuring consistency of prescribing across Greater Manchester.
- 9.3 All non-medical prescribers should ensure that they use the most current information as a reference source for prescribing decisions. The following reference sources should be considered when prescribing:
- British National Formulary (BNF) - <https://bnf.nice.org.uk/>
 - BNF for children - <https://bnfc.nice.org.uk/>
 - MHRA drug safety updates - <https://www.gov.uk/drug-safety-update>
 - Electronic medicines compendium - <https://www.medicines.org.uk/emc>
 - NICE guidelines - <https://www.nice.org.uk/>
 - GMMMG - <http://gmmmg.nhs.uk/>
- 9.4 De-prescribing is the planned and supervised process of dose reduction or stopping medication that might be causing harm, or no longer be of benefit. If a non-medical prescriber de-prescribes, they are responsible and accountable for the prescribing decision. The non-medical prescriber should therefore be familiar with the patient, their condition and the medication being reduced or stopped; in addition this must be within their scope of prescribing practice/competency.

10. Issuing Prescriptions

- 10.1 Prescriptions should only be issued by practitioners who are registered as prescribers with their professional regulatory body, and demonstrate up-to-date clinical competence in their intended field of prescribing.
- 10.2 Prescriptions may only be issued to patients registered with the organisation that employs/engages with the non-medical prescriber.
- 10.3 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 most up-to-date BNF.
- 10.4 Non-medical prescribers who are prescribing controlled drugs should be familiar with the BNF prescription requirements for controlled drugs.
- 10.5 FP10 prescription pads are available from Primary Care Support England (PCSE), via the online supplies ordering portal at

www.pcse.england.nhs.uk/supplies - for more information please call the PCSE customer support line on 0333 0142 884 (select supplies).

- 10.6 All computer generated prescriptions must be in accordance with the NHS Business Services Authority (NHSBSA) requirements, available from www.nhsbsa.nhs.uk. All prescriptions must have the non-medical prescriber's name, professional registration number/PIN number and practice code (see Appendix 19) and must be signed and dated by the named non-medical prescriber only.
- 10.7 In most cases no more than four weeks supply of any product should be prescribed at any one time.
- 10.8 Repeat prescriptions can only be issued to enable an ongoing plan of care, which must be re-assessed and recorded in the patient record and/or medical notes, as appropriate.
- 10.9 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 CCG Medicines Optimisation Team recommends use of a branded generic.

11. Adverse Drug Reaction Reporting

- 11.1 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).
- 11.2 Reporting should be carried out for prescribed drugs, medicines obtained by patients over the counter and herbal medicines.
- 11.3 Electronic reporting is the method of choice and can be accessed from www.mhra.gov.uk/yellowcard.
- 11.4 Paper versions of the 'Yellow Card' are included in the BNF.
- 11.5 All adverse reactions and subsequent actions should be documented in the patient's notes.

12. Record Keeping

- 12.1 Non-medical prescribers need to be familiar with and comply with their professional standards on record keeping.
- 12.2 Following a full assessment of a patient, details of the assessment, together with details of the prescription, must be recorded in the patient's medical records. All prescribers are required to keep accurate, timely, comprehensive and accessible records, which are unambiguous and if handwritten, are legible.

12.3 In supplementary prescribing an agreed Clinical Management Plan (CMP), either written or electronic, must be in place, in accordance with the Department of Health guidelines - https://webarchive.nationalarchives.gov.uk/20120503144446/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4110032). The plan must relate to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. The plan should be included in the patient's record.

13. Security and Safe Handling of Prescriptions

- 13.1 Organisations (GP practices, Health Centres etc.) must have appropriate procedures and systems in place to ensure, as far as practicable, that all prescription pads are properly protected, secured and managed, in line with the NHSCFA policy on 'Management and Control of Prescription forms'.
- 13.2 The security of prescription forms is the responsibility of both the organisation and the individual prescriber. It is advisable to hold only minimal stocks of prescription forms.
- 13.3 All non-medical prescribers should be aware of the organisation's procedures and systems relating to prescription pads.
- 13.4 It is the responsibility of the organisation to order and maintain a register of prescription serial numbers that have been given to non-medical prescribers.
- 13.5 Under no circumstances should blank prescription forms be pre-signed before use.
- 13.6 When not in use prescription pads must be stored in a suitable locked drawer/cupboard.
- 13.7 When travelling between patients, prescription pads should be kept out of sight and never be left unattended in the car.
- 13.8 Best practice dictates that where possible, prescription pads should be returned to safe storage at the end of the day.
- 13.9 Non-medical prescribers must only write prescriptions on a prescription pad bearing their name, professional registration number/PIN number and prescribing qualification (see Appendix 19).
- 13.10 If a prescription is written in error 'spoiled' should be written across the prescription, a note of the prescription serial number made and reason for destruction recorded. The spoiled prescription should be destroyed as soon as possible (NHSCFA policy on 'Management and Control of Prescription forms').
- 13.11 The MHCC NMP Lead will hold specimen signatures from all employed non-medical prescribers working within a GP practice within Manchester.

13.12 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].

14. Loss or Theft of Prescription Pads

14.1 It is the responsibility of the organisation (GP practice, Health Centre etc.) 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.

14.2 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 theft of prescriptions occurs during a weekend the prescriber should notify their line manager/practice manager on the next working day.

14.3 All incidents involving lost or stolen prescriptions should be reported. It is the responsibility of the organisation and the non-medical prescriber to ensure the incidents are reported.

14.4 All incidents involving **theft** of prescriptions must be reported to:

- a) NHS England via the email address
ENGLAND.EnglandCASalerts@nhs.net
- b) CD website - www.cdreporting.co.uk (if an individual has not used the system before they will need to register first before being able to submit the incident).
- c) The police via 101.

14.5 All incidents involving **lost** prescription forms/pads must be reported to:

- a) NHS England via the email address
ENGLAND.EnglandCASalerts@nhs.net
- b) CD website - www.cdreporting.co.uk (if an individual has not used the system before they will need to register first before being able to submit the incident).

14.6 Details of the approximate number of scripts lost or stolen, their serial numbers and when and where they were lost or stolen will be required. If there were any witnesses to the event then a description of possible suspects may be requested.

14.7 To support organisations to learn from incidents involving lost or stolen prescription pads, all incidents must also be reported in accordance with the organisation's Significant Event Analysis policy:

<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-3-significant-event-analysis-sea>.

14.8 To support MHCC in monitoring incidents involving lost or stolen prescription pads, all incidents must also be reported on Datix.

15. Destruction of Prescription Pads

15.1. Old or unused prescription forms should be securely destroyed (e.g. by shredding) once the prescription serial numbers have been recorded, in line with the NHSCFA policy on 'Management and Control of Prescription forms'.

16. Controlled Drugs

16.1 A non-medical prescriber must only prescribe controlled drugs if they are legally entitled to do so.

16.2 A non-medical prescriber must not prescribe beyond their limits of competence and experience.

16.3 Legally the prescription for any schedule two or three controlled drug must include the dosage to avoid uncertainty on administration.

16.4 All non-medical prescribers should be aware of their organisation's (GP practices, Health Centres etc.) policies around the handling and management of controlled drugs.

16.5 All organisations and non-medical prescribers should be aware of and refer to the Controlled drugs: safe use and management (NG46) published by the National Institute for Health and Care Excellence (NICE), April 2016 which can be found at: <https://www.nice.org.uk/guidance/ng46>.

17. Clinical Supervision and Continuing Professional Development

17.1 Clinical supervision and continuing professional development are essential elements of the clinical governance framework for non-medical prescribing.

17.2 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.

17.3 Continuing professional development requirements should be identified at least annually, during the non-medical prescriber's appraisal process.

17.4 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.

17.5 The clinical supervisor and the employer should ensure that the prescriber has access to relevant education, training and development opportunities.

17.6 Continuing professional development may also be met by:

- Reading
- Clinical supervision
- Peer/clinical review
- Shadowing colleagues (buddying) – particularly useful for those who are newly qualified prescribers

17.7 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.

17.8 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.

17.9 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.

17.10 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, which is available at:

<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>.

17.11 It is the responsibility of the non-medical prescriber to ensure that their clinical supervisor, and employer/line manager, is 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 his/her needs have been addressed, and their competence or confidence is restored.

18. Returning to Practice / Changing Prescribing Speciality

18.1 Non-medical prescribers are legally accountable for their practice and should not prescribe outside of their level of competence / knowledge.

18.2 If returning to prescribing practice after a period of time or changing speciality, it is recommended that the non-medical prescriber:

- Appraise their prescribing practice with their clinical supervisor/mentor, prior to recommencing a prescribing role.
- Is assessed by their clinical supervisor/mentor as being competent to prescribe, prior to recommencing a prescribing role.
- Identifies and agrees a learning plan with their clinical supervisor/mentor.

19. Audit

19.1 This policy supports the governance processes for all non-medical prescribing across Manchester, together with specific safeguards such as:

- **Numeracy assessment:** only practitioners who have successfully completed the mandatory on-line numeracy assessment will be nominated for the independent/supplementary programme for non-medical prescribing.
- **Expression of Interest Form:** only appropriate candidates will be nominated for the independent/supplementary programme for non-medical prescribing, to meet service needs. Refer to Appendix 2 for the form.
- **MHCC Non-Medical Prescriber Registration Form and Annual Declaration Form:** the forms define and review safe prescribing parameters, and provide assurances around continuing professional development. The forms also ensure that records held by MHCC are up-to-date.

19.2 The MHCC NMP Lead will ensure that the electronic prescribing data (ePACT), for individual prescribers, is made available for accessing at quarterly intervals. [This only applies to non-medical prescribers that are employed by GP practices across Manchester].

19.3 It is good practice for all non-medical prescribers to review their prescribing data with their clinical supervisor, and to record this using the Non-Medical Prescriber Review of Quarterly Prescribing Form in Appendix 12.

19.4 A clear audit trail for prescriptions is essential, and **non-medical prescribers must only prescribe on an FP10 prescription form bearing their own name and professional registration number/PIN number** (see Appendix 19). It is important to note that it is possible to issue computer generated FP10s bearing the name of other prescribers within the practice, which could result in an item being incorrectly attributed, via ePACT data, to a non-medical prescriber. If the issued medication is not within the non-medical prescriber's scope of practice this could raise concerns. Organisations 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.

19.5 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 other than the authoriser.
- The practice must have a robust system for the electronic issue of prescriptions, including repeat dispensing, which meets clinical governance and risk management issues.

19.6 The MHCC NMP Lead will ensure that any anomalies noted during the monitoring of a non-medical prescriber's ePACT data, are highlighted to the non-medical prescriber (see Appendix 13). [This only applies to non-medical prescribers employed by GP practices across Manchester].

19.7 To monitor compliance with the governance processes stated in Appendix 17, the MHCC NMP Lead may conduct an annual audit to review organisation's internal registers and non-medical prescriber documentation, such as personal formularies etc.

20. Locum/Agency/Contractor Non-Medical Prescribers

20.1 It is the responsibility of the provider organisation (which engages with locum/agency/contractor non-medical prescribers) to have the necessary clinical governance infrastructure in place, to ensure safe prescribing practice is carried out by any locum/agency/contractor non-medical prescriber.

20.2 It is the responsibility of the provider organisation (which engages with locum/agency/contractor non-medical prescribers) to hold their own internal register of their locum/agency/contractor non-medical prescribers.

20.3 Details of any locum/agency/contractor non-medical prescribers must be kept on the internal register for six years after the prescriber ceases working for the practice/organisation.

20.4 The provider organisation must comply with the governance processes detailed in Appendix 17 of this policy (this is not applicable if the provider organisation has their own NMP Lead).

20.5 For organisations who have their own NMP Lead, it will be the responsibility of the organisation's NMP Lead to support, manage, register their

locum/contractor/agency non-medical prescribers with the NHSBSA, and ensure appropriate clinical governance structures are in place for their non-medical prescribers.

21. Organisations (other than GP practices) that are commissioned to provide contracted healthcare services for MHCC

21.1 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.

21.2 It is the responsibility of the commissioned organisation to hold their own internal register of their non-medical prescribers.

21.3 Details of any non-medical prescribers must be kept on the internal register for six years after the prescriber ceases working for the organisation.

21.4 The commissioned organisation must comply with the governance processes detailed in Appendix 17 of this policy (this is not applicable if an organisation has their own NMP Lead).

21.5 For organisations who have their own NMP Lead, it will be the responsibility of the organisation's NMP Lead to support, manage, register their non-medical prescribers with the NHSBSA, and ensure appropriate clinical governance structures are in place for their non-medical prescribers.

21.6 This includes, but is not limited to, the following healthcare services:

- Seven day access
- Go-To-Doc (*gtd* healthcare)
- Walk-in Centres
- Care Home Services
- High Impact Primary Care (HIPC)

22. NHS Foundation Trusts

22.1 Non-medical prescribers employed by NHS Foundation Trusts will remain under the Trust's governance processes.

22.2 It is the responsibility of the Trust NMP Leads to support, manage, register their non-medical prescribers with the NHSBSA, ensure clinical governance structures are in place and keep an up-to-date register for their non-medical prescribers.

23. MHCC Employed Practice Based Pharmacists

- 23.1 As the employing organisation, MHCC Clinical Directorate will have responsibility for ensuring all relevant checks and procedures have been adhered to, as outlined in Section 5 of this document.
- 23.2 The approval and review of a practice based pharmacist's personal formulary will be the responsibility of the pharmacist's line manager.
- 23.3 On initial registration, the MHCC NMP Lead will agree the personal formulary authorisation with the pharmacist's line manager, and register the pharmacist non-medical prescriber with the NHSBSA.
- 23.4 Clinical support at practice level will be from a designated GP, as stipulated in the MHCC practice based Service Level Agreement. Additional support at practice level, such a registration on EMIS, will be the responsibilities of the practice i.e. practice manager.

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- 24.11 Health and Care Professions Council. The standards of proficiency for chiropodists / podiatrists. Accessed from <https://www.hcpc-uk.org/standards/standards-of-proficiency/chiropodists-podiatrists/>.
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<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-midwives.pdf>.

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- 24.23 GMMMG Formulary. Accessed from http://gmmmg.nhs.uk/html/formulary_bnf_chapters.html.
- 24.24 GMMMG Red/Amber/Green (RAG) List. Accessed from the following website <http://gmmmg.nhs.uk/>.
- 24.25 GMMMG Polypharmacy. A deprescribing Toolkit. Accessed from <http://gmmmg.nhs.uk/docs/guidance/NWCSU-Polypharmacy-guidance-2016.pdf>
- 24.26 Records Management Code of Practice for Health and Social Care 2016. Accessed from the following website <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016>.
- 24.27 De-prescribing. Deprescribing.org

25. Associated CCG/Trust Documents

- 25.1 Wigan Borough Clinical Commissioning Group Non-Medical Prescribing Policy (2016-2019).
- 25.2 Wirral Clinical Commissioning Group Non-Medical Prescribing Policy (2017-2019).
- 25.3 Manchester University NHS Foundation Trust Non-Medical Prescribing Policy (2017-2020).
- 25.4 Greater Manchester (GM) Standardised Documents from NMP Sub Group Meetings.

25.5 Tameside and Glossop Non-Medical Prescribing Policy (2019).

Appendix 2: Appendices 12 – 17 of the Non-Medical Prescribing Policy

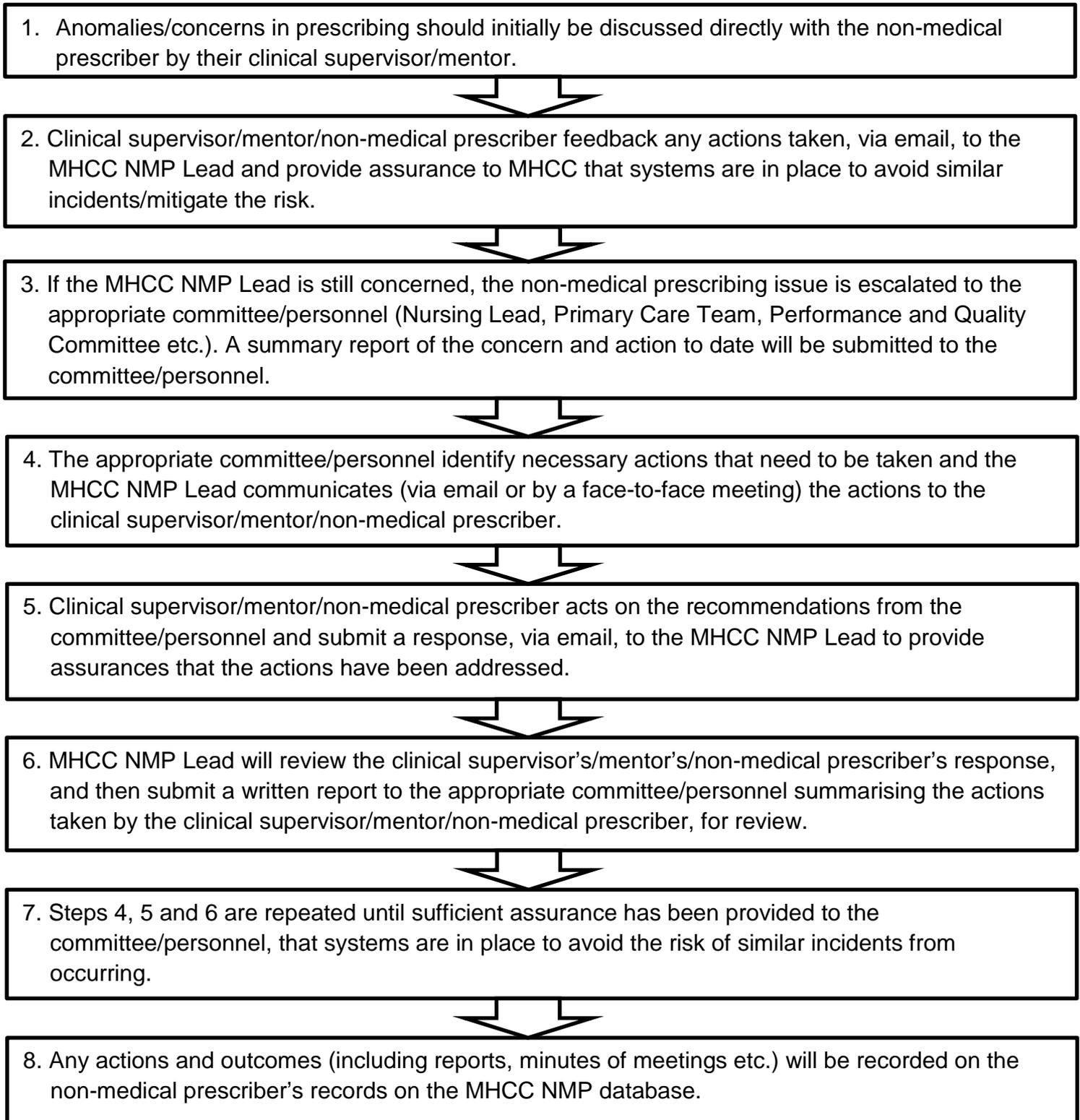
Appendix 12: Non-Medical Prescriber Review of Quarterly Prescribing Form
(This form is optional for a non-medical prescriber to use to record their own auditing)

Non-medical prescriber name		Date of review
Clinical Supervisor/Mentor name		
Date 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 e.g. change p-formulary if competency agreed by clinical supervisor/mentor, further training before competency agreed, action taken to ensure no future prescribing.		
Review of branded/non-formulary/GMMM G DNP/GMMM G RED items		
Has any branded, non-formulary, GMMM G DNP or GMMM G RED items been prescribed? Yes / No		
Is there a valid reason for prescribing branded, non-formulary items, GMMM G DNP? Yes / No If 'No' please state what action will be taken to ensure no future prescribing of such items.		
What action will you take to ensure no future prescribing of GMMM G RED items?		
Review of controlled drugs.		
Are you authorised to prescribe controlled drugs Yes / No		
Have you prescribed controlled drugs Yes / No		
Please list any prescribing outside your agreed scope of practice. Explain why and what action you are going to take to ensure prescribing is within your scope of practice, e.g. change p-formulary if competency agreed by clinical supervisor/mentor, further training before competency agreed, action taken to ensure no future prescribing.		
Signature of non-medical prescriber:		
Signature of clinical supervisor/mentor:		

This form should be retained by the clinical supervisor/mentor and the non-medical prescriber for review purposes.

If necessary the non-medical prescriber should review and update their p-formulary (see Appendix 4) and email the updated formulary to the MHCC NMP Lead.

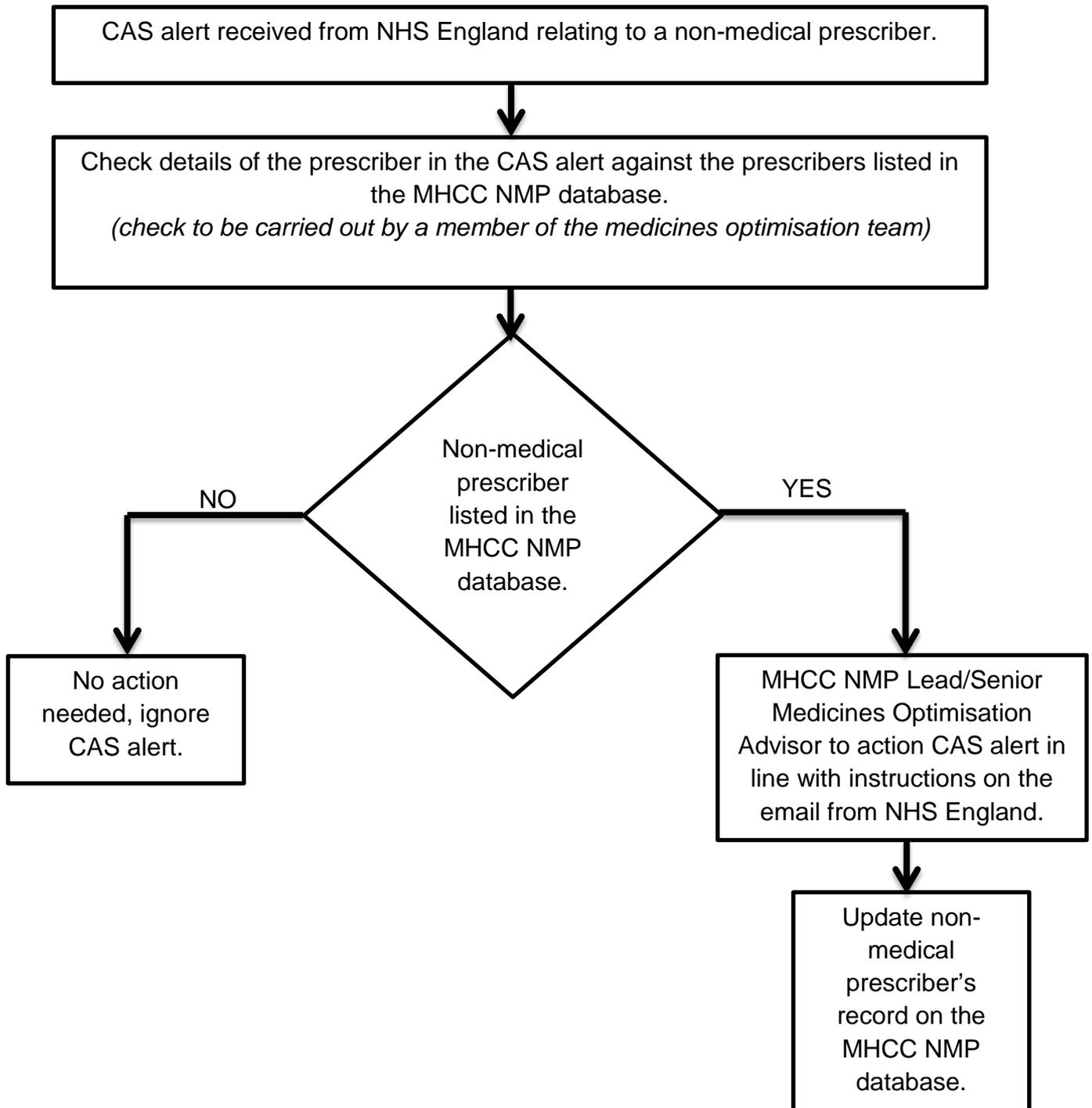
Appendix 13: Process for Dealing with Prescribing Concerns related to Non-Medical Prescribers



Please note: It may be necessary for MHCC to request copies of prescriptions from the NHS Business Services Authority. All correspondence will be logged on the MHCC NMP database.

If necessary the non-medical prescriber should review and update their p-formulary (see Appendix 4) and email the updated formulary to the MHCC NMP Lead.

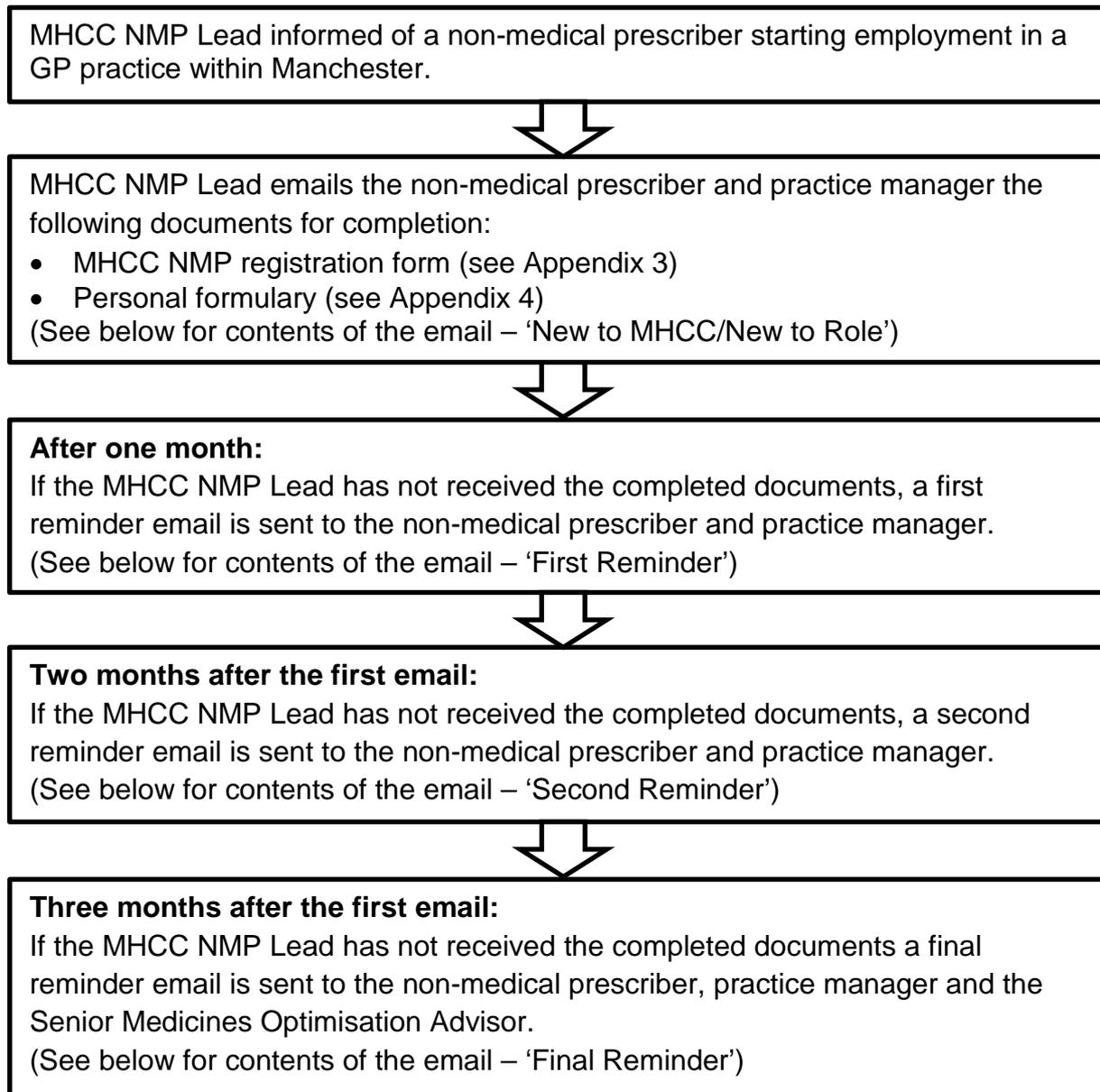
Appendix 14: Process for Dealing with CAS Alerts related to Non-Medical Prescribing



Any additional actions required will be managed by the appropriate teams in MHCC.

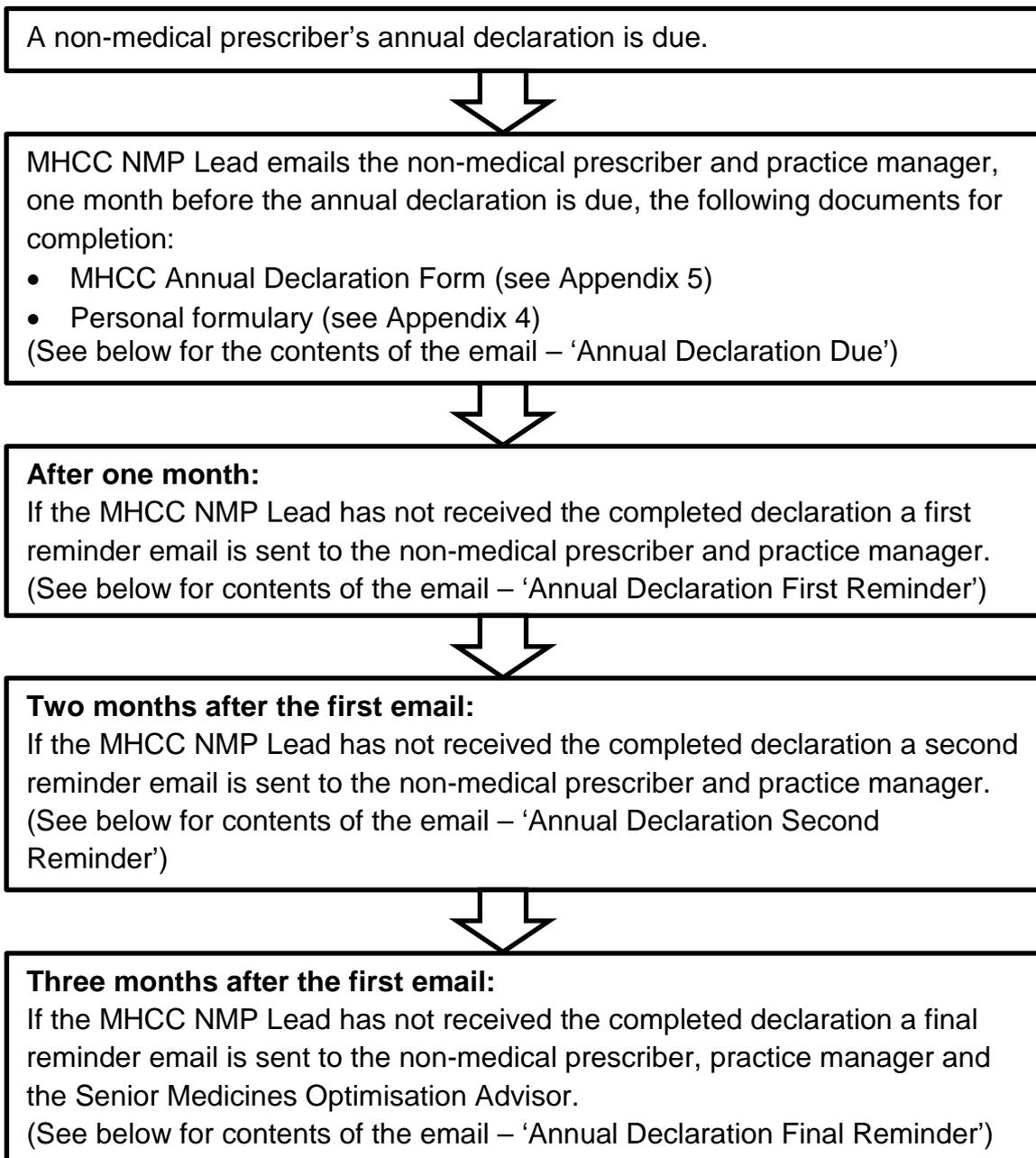
Appendix 15: Process for Dealing with Non-compliance with MHCC Governance Processes

The following process maps apply to non-medical prescribers who are employed by GP practices within Manchester.



After the final reminder email, any additional actions required will be managed on an individual basis by the appropriate teams in MHCC.

Appendix 15:Continued



After the final reminder email, any additional actions required will be managed on an individual basis by the appropriate teams in MHCC.

Appendix 15:Continued

New to MHCC / New to Role

Dear **INSERT NAME**

I have been made aware that you are **working/will be working (delete as appropriate)** as a non-medical prescriber at **INSERT NAME OF GP PRACTICE**.

As part of the Manchester Health and Care Commissioning (MHCC) governance process for non-medical prescribers, the following documents need to be completed and submitted to the MHCC NMP Lead for review and approval:

- a) NMP registration form
- b) Personal Formulary.

These documents are needed to enable you to be added as an **authorised prescriber** to the MHCC NMP database and to register you with the NHS Business Services Authority (NHSBSA), so that you can be recognised as a prescriber at your practice(s).

I have attached the documents to this email along with the MHCC Non-Medical Prescribing Policy. Please can you read the policy and familiarise yourself with it before completing your registration form and personal formulary.

I look forward to receiving your completed documents, should you require any assistance or support in completing the attached documents, or to discuss any of the above, please feel free to contact me via email or telephone (on the number shown below).

Appendix 15: Continued

First Reminder

Dear **INSERT NAME**,

Further to my email sent on **INSERT DATE**, this is a polite reminder that I have still not received your completed NMP registration form and personal formulary. Please ensure I receive the required document/s as soon as possible.

I have attached the MHCC Non-Medical Prescribing Policy and the documents you need to complete to this email, as detailed below:

1. NMP registration form
2. Personal formulary

If you are experiencing any issues in completing your documents or require additional support to do so, please let me know as soon as possible.

[Please note: the above documents need to be completed in line with the MHCC governance processes for non-medical prescribing. Without the completed documents MHCC will be unable to add you as an **authorised prescriber** to the MHCC NMP database and register you with the NHS Business Services Authority (NHSBSA)].

Second Reminder

Dear **INSERT NAME**,

Further to my previous emails sent on **INSERT DATE** and **INSERT DATE**, this is a second reminder to inform you that I have still not received your completed NMP registration form and personal formulary. These documents are now needed within the next 30 days.

I have attached the MHCC Non-Medical Prescribing Policy and the documents you need to complete to this email, as detailed below:

1. NMP registration form
2. Personal formulary

If you are experiencing any issues in completing your documents or require additional support to do so, please let me know as soon as possible.

[Please note: the above documents need to be completed in line with the MHCC governance processes for non-medical prescribing. Without the completed documents MHCC will be unable to add you as an **authorised prescriber** to the MHCC NMP database and register you with the NHS Business Services Authority (NHSBSA)].

Appendix 15: Continued

Final Reminder

Dear **INSERT NAME**,

According to my records it has now been three or more months since I requested for your completed NMP registration form and personal formulary. As outlined in my previous emails these documents are needed to meet the MHCC governance processes around non-medical prescribing.

As I have not received your completed documents MHCC will be unable to support your prescribing practice and this will be noted on the MHCC NMP database.

We strongly recommend you inform your professional regulatory body that this is how you choose to practice.

Should you wish to discuss any of the above, please feel free to contact me via email or telephone (on the number shown below).

Annual Declaration Due

Dear **INSERT NAME**

This email is to inform you that your non-medical prescribing annual declaration is due in one month/**OR INSERT DATE**. Please ensure you begin to prepare in good time to meet your annual declaration date.

I have attached the MHCC Non-Medical Prescribing Policy and the documents you need to complete to this email, as detailed below:

1. Annual Declaration Form
2. Personal formulary

I look forward to receiving your completed documents, should you require any assistance or support in completing the attached documents, or to discuss any of the above, please feel free to contact me via email or telephone (on the number shown below).

[Please note: the annual declaration is needed to meet the MHCC governance processes around non-medical prescribing, and by completing the annual declaration you will remain, on the MHCC NMP database, as an authorised prescriber].

Appendix 15: Continued

Annual Declaration First Reminder

Dear **INSERT NAME**,

Further to my email sent on **INSERT DATE**, this is a polite reminder that I have still not received your completed annual declaration form and personal formulary. Please ensure I receive the required document/s as soon as possible.

I have attached the MHCC Non-Medical Prescribing Policy and the documents you need to complete to this email, as detailed below:

1. Annual Declaration Form
2. Personal formulary

If you are experiencing any issues in completing your documents or require additional support to do so, please let me know as soon as possible.

[Please note: the annual declaration is needed to meet the MHCC governance processes around non-medical prescribing, and by completing the annual declaration you will remain, on the MHCC NMP database, as an authorised prescriber].

Annual Declaration Second Reminder

Dear **INSERT NAME**,

Your annual review date is now overdue despite previous requests. It is essential that I receive these document/s within the next 30 days.

I have attached the MHCC Non-Medical Prescribing Policy and the documents you need to complete to this email, as detailed below:

1. Annual Declaration Form
2. Personal formulary

If you are experiencing any issues in completing your documents or require additional support to do so, please let me know as soon as possible.

[Please note: the annual declaration is needed to meet the MHCC governance processes around non-medical prescribing, if the declaration is not completed you will be removed, as an authorised prescriber, from the MHCC NMP database and your prescribing practice will no longer be supported by MHCC].

Appendix 15: Continued

Annual Declaration Final Reminder

Dear **INSERT NAME**,

According to my records it has now been three or more months since I requested for you to complete your annual declaration and personal formulary. As outlined in my previous emails these documents are needed to meet the MHCC governance processes around non-medical prescribing.

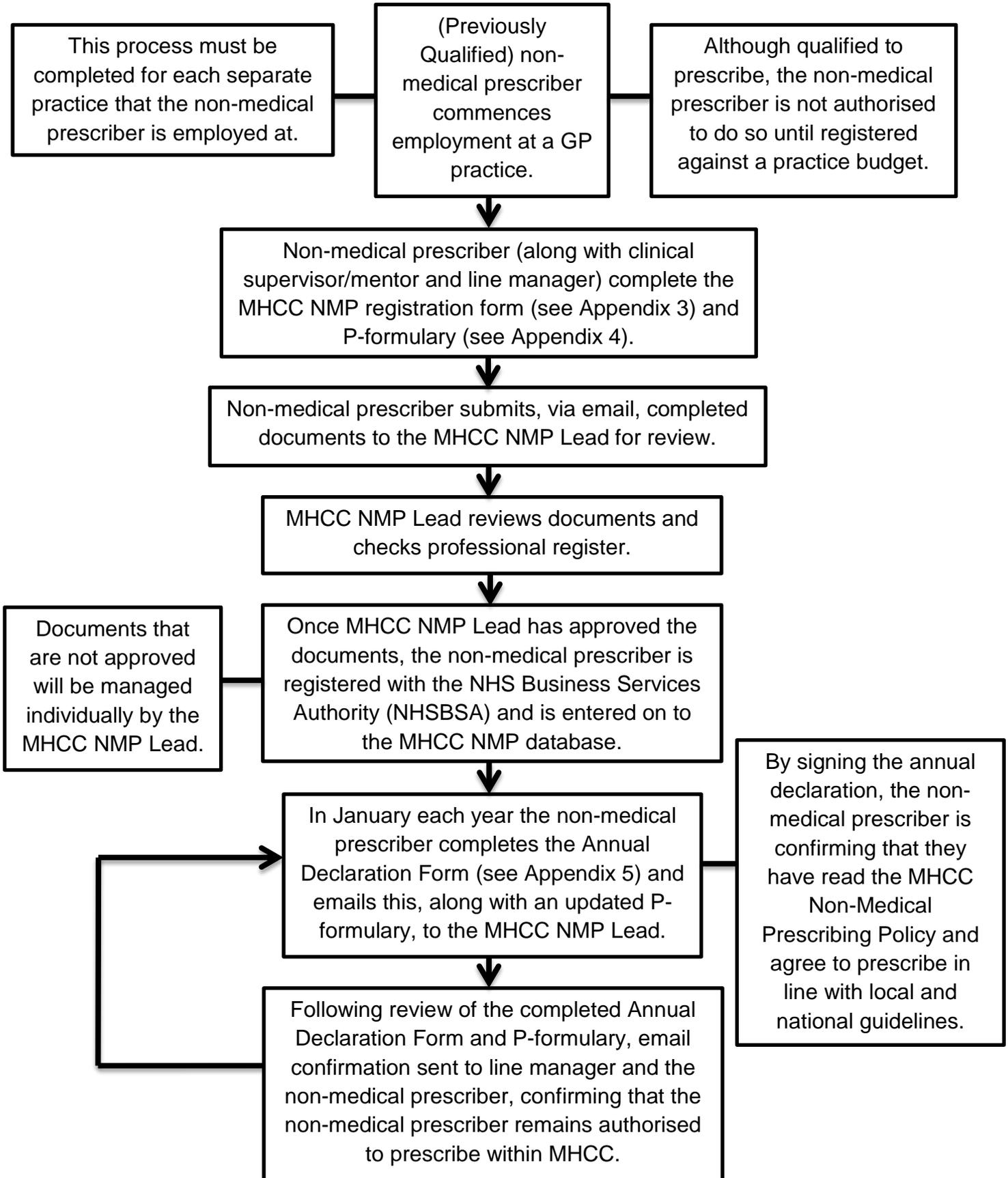
As I have not received your completed documents MHCC will be unable to support your prescribing practice and this will be noted on the MHCC NMP Database.

We strongly recommend you inform your professional regulatory body that this is how you choose to practice.

Should you wish to discuss any of the above, please feel free to contact me via email or telephone (on the number shown below).

Appendix 16: Governance Process for Non-Medical Prescribing

This process map only applies to non-medical prescribers employed by a GP practice within Manchester



Appendix 16: Continued

Please note:

- The MHCC NMP Lead will conduct a Biannual Check of non-medical prescribers employed in GP practices across Manchester. This is to keep the MHCC NMP database up to date.
- Non-medical prescribers must ensure they inform the MHCC NMP Lead of any changes to their personal formulary (if acting as an independent non-medical prescriber). This must be done by submitting a new personal formulary to the MHCC NMP Lead, via email.
- Non-medical prescribers must also comply with the process map in Appendix 9, 10 and 11.

Appendix 17: Governance Process for Non-Medical Prescribers Employed by Other Organisations and Locum/Contractor/Agency Non-Medical Prescribers

