1. Introduction

This document aims to:

- Identify a clear framework for the development of non-medical prescribing (NMP) within the Trust.
- Define the Clinical Governance framework supporting the development and implementation of NMP.

2. Background (Appendix 1)

The development of NMP within the Trust has, to date, been driven by the vision, aspiration and enthusiasm of senior practitioners / teams who have 'realised' the potential benefits that NMP would have for patients. In January 2008 there were 31 NMPs regularly utilising their NMP skills within the Trust* and these can be subdivided as follows:

- 29 Nurses (18 Independent, 10 Independent & Supplementary and 1 Supplementary Prescriber)
- 2 Pharmacists who are Supplementary Prescribers

*This does not include 11 NMPs who are not currently practicing and 2 newly approved practitioners who are in the process of utilising their skill (1 Independent Nurse Practitioner and 1 Supplementary Prescribing Optometrist)

3. Strategy Focus

The Trust is committed to improving patients’ access to medicines and it is acknowledged that NMP can facilitate multi-professional service redesign; ensuring services evolve to meet the local service users.

The Trust's published aims, together with the strategic development of medicines management, form the basis for the development of NMP within the organisation with priority being afforded to:

- Enhancing the patient experience
- Optimising the skills & experience of Health Care Professionals
- Improving efficiency and effectiveness
- Improving access to treatment
- Facilitate achievement of access targets
Responding to changes in health care delivery and national objectives e.g. reducing outpatient prescribing

In order to achieve these objectives the Trust is actively encouraging development of Non-Medical Prescribing within the following areas:

- Treatment of minor illnesses / ailments / injuries within A&E, walk in or treatment centres
- Management of specialist / chronic conditions e.g. chronic pain management, allergy / immunology, palliative care
- Acute exacerbations of illness outside normal working hours e.g. Hospital at Night

When developing / refining any service, directorate management teams should consider opportunities for non medical prescribing and where appropriate, integrate them in work force planning processes. When considering the potential for non medical prescribing the following issues should be considered:

- Structure of the existing multi-professional team
- The potential benefits and challenges from the perspective of the patient, professional team and directorate (quality, economic, resources, prescribing budget, training, support / supervision individual, team, service)
- Knowledge and skills of the professional (Appendix 2 – selection criteria)


4.1 Organisation

The implementation of NMP is supported by the Trust’s Clinical Governance and Medicines Management systems.

The Non Medical Performance and Development Group (NMPDG), supported by the Trust’s Drug and Therapeutics Panel, maintain overall responsibility for the strategic development, integration, implementation and monitoring of NMP within the organisation. In order to maintain patient safety the NMPDG are responsible for overseeing that arrangements are in place for:

- The appropriate selection and prioritisation of staff for training
- Ensuring that the parameters of the NMPs practice are agreed (practitioner / directorate / organisation)
- Maintaining accurate records / documentation (Trust NMP register, electronic staff record)
- Ensuring that arrangements are in place to audit / evaluate practice / competence and monitor performance
- Develop systems that support and maintain the professional development of NMPs
The Trust NMP register, which is accessible to members of the NMPDG and all pharmacy staff (facilitating the monitoring and audit of practice), contains the following information:

- Name of practitioner, clinical role / specialist area of practice, hospital base, contact details and professional registration number
- Unique Trust NMP identifier which must be recorded on every prescription
- Electronic signature
- Prescribing status (Independent +/- Supplementary)
- Categories of drugs that may be prescribed by the practitioner

4.2 NMP Leads

The NMP lead nurse and pharmacist are responsible for:

- Providing assistance / support to aspiring NMPs
- Support and facilitate the professional development of NMPs
- Cascading information / guidance documents from:
  - Drug / patient safety alert notices and recalls
  - Local and regional medicines management groups e.g. Area Prescribing Committee, Drug and Therapeutics Panel
  - Professional bodies
  - Department of Health
- Facilitate audit / evaluation of practice
- Confirming the professional registration of newly qualified NMPs prior to their authorisation to practice
- Maintaining the Trust NMP register

The NMP lead pharmacist is also responsible for:

- Providing a link to the Trusts Drugs and Therapeutics Panel, seeking advice / guidance when required and notifying them of the prescribing parameters of authorised NMPs.
- Identifying when existing NMPs are required to re-apply to the NMPDG for approval to expand their prescribing practice e.g. addition of a new classification of drugs or off label drug to their approved list
- Ordering, receiving, storing and distribution of prescription pads
- Facilitating the distribution of BNFs to NMPs via the formulary pharmacist

4.3 Line Manager

The practitioner’s line manager is responsible for:

- Identifying potential NMPs and supporting applications / practitioners
- Facilitating access to a prescribing budget when NMPs complete the course
- Providing a locked facility for prescription pads
• Ensuring that NMPs have a personal development plan and have access to appropriate continuing professional development opportunities to enable them to maintain their prescribing competencies
• Assessing NMPs knowledge and clinical / prescribing competences are being assessed annually using existing local and national appraisal frameworks

4.4 NMP

4.4.1 Training - Practitioners are required to (process)
• Acquire verbal support from their directorate and identify a Designated Medical Practitioner (DMP)
• Contact the NMP lead pharmacist or nursing to discuss their proposal
• Submit an electronic and written application to the PA of the Deputy Director of Nursing to be presented to the NMPDG
• If successful, apply for study leave in accordance with Trust procedures
• Identify a NMP ‘buddy’. (A NMP ‘buddy’ is a practicing NMP who has been prescribing or making prescribing decisions for more than 1 year)

Accredited training of NMP will be undertaken at a higher education institute. Details pertaining to the local training programme can be found on the following website http://northumbria.ac.uk/
N.B. The practitioner’s DMP and professional lead, e.g. Matron, will be required to provide the educational institution with written feedback to enable practitioners to successfully complete their NMP training.

4.4.2 Post Qualification / NMP joining the Trust – Practitioners who have successfully completed an accredited NMP training programme and existing NMPs who join the Trust must complete the following process to enable them to prescribe within the Trust (process).
• Ensure that prescribing has been identified within their professional duties and is clearly stated within their job description. (Non medical prescribing will usually be noted as a ‘desirable’ qualification and can be encompassed within Section 7, Patient / Client Care using the following terminology ‘Assessment and management of a designated group of patients’.)
• Register their qualification with their professional body and maintain their professional registration
• Identify / agree arrangements for ongoing support / supervision from their designated DMP and NMP ‘buddy’
• Discuss and agree the parameters of their prescribing with their Directorate, together with the NMP lead pharmacist, before submitting their electronic and written proposal to the NMPDG
N.B. NMPs cannot begin prescribing until they acquire written authorisation
• Ensure that patients are always made aware that they are being managed by a NMP, including the implications for practice / intervention

• Prescribe from the local formulary within their level of clinical experience / competence and in accordance with local, national and professional guidelines. (Prescribing decisions must be based on evidence, clinical suitability safety and cost effectiveness only)

• Maintain accurate, legible, unambiguous records which promote patient safety and maintain optimal communication between the patients and their health care team to include:
  
  • Entering consultation and prescription details into patients medical notes immediately or as soon as is practicable, barring exceptional circumstances this period of time must not exceed 48 hours after the consultation.
  • Reporting any medication incidents / near misses in accordance with Trust procedures
  • Reporting suspected adverse drug reactions to the clinician responsible for the patients ongoing care and complete a ‘yellow card’ where appropriate

• Maintain documented evidence of their evolving clinical knowledge / prescribing competencies (portfolio of evidence) in relation to their age and disease specific client group

• Review / evaluate their practice on an annual basis and present results to the Trust NMPDG

• Discuss any expansions in the classifications of drugs that they wish to prescribe / significant modifications in practice with the NMP lead pharmacist

• Immediately inform the organisation of any change in their personal details / role within the organisation or any circumstance that might adversely influence their ability to practice

• Undertake a negotiated period of supervised practice following a break in NMP practice. (The significance of the break in practice will be determined by the NMP in consultation with their DMP and line manager). The period of supervised practice will be determined by the NMP in consultation with their DMP

**Authorised NMPs must never:**
• Prescribe any medication for themselves or, barring exceptional circumstances, for anyone with whom they have a close personal or emotional relationship.
• Promote commercial products or services and must declare any financial or other interests in organisations providing any such goods or services
• Independently prescribe any medication for use outside its licensed indications / UK marketing authorisation (‘off label’) unless it has been defined as good clinical practice within locally approved guidelines and approval has been acquired from the NMP lead pharmacist / NMPDG
• Leave prescription pads unattended. When not in use prescription pads must be stored in a designated locked area. The NMP lead pharmacist must be notified if a prescription pad is lost or stolen

5. Liability

The Trust has a duty of care to patients and is vicariously liable for the actions or omissions of its employees. It therefore supports practitioners who

• Completed an accredited period of study pertaining to NMP and have acquired authorisation from the organisation
• Prescribe within their level of clinical experience / competence and in accordance with local, national and professional guidelines
• Maintain their underlying knowledge and clinical / prescribing competences together with their professional registration

The Trust has financial responsibility for the negligent acts of its staff in the course of their bona fide activities. This responsibility is protected under indemnity schemes which cover clinical and non-clinical liabilities for harm caused to patients, visitors and employees and also extends to individual staff employed by the Trust.
N.B. NMPs are expected to possess appropriate professional indemnity insurance. (This is often incorporated within union membership).

6. Consultation & Review

This strategy was developed in consultation with senior nursing, pharmacy and medical staff within the Trust. Compliance with the strategy will be monitored by the NMP leads who will acquire feedback from those parties identified within the strategy together with local educational providers. An annual review of progress against the strategy will be undertaken by the NMP leads and presented to the Trust’s Drugs and Therapeutics, Non Medical Performance and Development and Nursing and Midwifery Advisory groups.

Comments on content / implementation should be directed to Mr S. Brice Assistant Director of Pharmacy or M. Vincent, Nurse Consultant, Cancer Services. The document will be reviewed 2 years following its ratification or as determined by modifications in practice / legislation.
7. **References / Bibliography**


The National Prescribing Centre (Non Medical Prescribing) http://www.npc.co.uk/non_medical.htm
Appendix 1

Categories on Non Medical Prescribers

- **Nurse Independent Prescribers** (previously known as extended formulary nurse prescribers) are able to prescribe any licensed medicine for any medical condition within their competence, including some Controlled Drugs, which appear on the extended formulary and solely for the medical conditions indicated:
  - Diamorphine, morphine, diazepam, lorazepam, midazolam, or oxycodone for use in palliative care
  - Buprenorphine or fentanyl for transdermal use in palliative care
  - Diazepam, lorazepam, midazolam for the treatment of tonic-clonic seizures
  - Diamorphine or morphine for pain relief in respect of suspected myocardial infarction, or for relief of acute or severe pain after trauma including in either case post-operative pain relief
  - Chlordiazepoxide hydrochloride or diazepam for treatment of initial or acute withdrawal symptoms, caused by the withdrawal of alcohol from persons habituated to it
  - Codeine phosphate, dihydrocodeine tartrate or co-phenotrope.

- **Pharmacist Independent Prescribers** are able to prescribe any licensed medicine for any medical condition within their competence, excluding controlled drugs.

- **Optometrist Independent Prescribers** can prescribe any licensed medicine for ocular conditions, affecting the eye and the tissues surrounding the eye, within their recognised area of expertise and competence, excluding controlled drugs.

- **Supplementary nurse, pharmacist, physiotherapist, radiographer, optometrist or chiropodist / podiatrist prescribers** are able to prescribe any medicine, including controlled drugs and unlicensed medicines, providing they are defined within a patient’s clinical management plan (CMP). CMPs must be developed / agreed in partnership with a medical independent prescriber, i.e. a doctor (including a GP or ophthalmologist) or a dentist.

- **Community Practitioner Nurse Prescribers** can only prescribe dressings, appliances and licensed medicines listed in the Nurse Prescribers’ Formulary for Community Practitioners.
Appendix 2

Prerequisites for Practitioners applying to undertake an accredited NMP training programme

All applicants must
- Have a valid registration with their professional body
- Be appointed to a substantive post where they will have the need and opportunity to act as an independent / supplementary prescriber upon qualification.
- Demonstrate the ability to study at degree level (Quality Assurance Agency (QAA) for Higher Education level 3).
- Be able to provide evidence of numeracy skills e.g. GCSE Maths, feedback from on-line tutorials e.g. http://www.kcl.ac.uk/teares/gktvc/vc/lt/nol/numeracy%20menu.htm
- Identify a Designated Medical Prescriber (DMP) who will be willing / able to contribute to and supervise the ‘learning in practice’ element of their training and provide post qualification clinical supervision.

Additional requirements

First level Registered Nurses / Midwives:
- Have at least three years post-registration experience of which at least one year immediately preceding their application must be in the clinical area in which they intend to prescribe.
- Provide evidence of competence in history taking, undertaking a clinical assessment and making a diagnosis i.e. comprehensively assess a patient’s physiological and/or psychological condition, understand the underlying pathology and identify the appropriate medicines regime.

Registered Pharmacists:
- Have at least two years’ experience practicing as a registered pharmacist in a clinical environment (hospital or community), and at least one year immediately preceding their application must be in the clinical area in which they intend to prescribe.
- Be able to demonstrate competence to prescribe in the area in which they will prescribe following training.

Registered Optometrist:
- Have at least two years’ post registration experience.
- Be able to demonstrate competence to prescribe in the area in which they will prescribe following training.

Registered Physiotherapists, Chiropodists / Podiatrists and Radiographers
- Be a senior practitioner with at least three years post-registration experience of which at least one year immediately preceding their application must be in the clinical area in which they intend to prescribe. It is highly likely that individuals will be practitioners in senior clinical / specialist posts.
- Be able to demonstrate competence to prescribe in the clinical area in which they will prescribe following training.
This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Policy Title:</th>
<th>Strategy for Non-Medical Prescribing</th>
<th>Policy Author</th>
<th>M Vincent &amp; S Brice (Approved by NMPDG, D&amp;T, NMAG)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
<td>Yes/No</td>
<td>What evidence can you provide to support your response</td>
<td></td>
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<tr>
<td>Race</td>
<td>No</td>
<td>The document does not mention any of these issues and therefore applications are based on the priorities defined within the strategy</td>
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<td>Ethnic origins (including gypsies and travelers)</td>
<td>No</td>
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<td>Nationality</td>
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<td>Gender</td>
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<td>Culture</td>
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<td>Religion or belief</td>
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<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
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<td>Age</td>
<td>No</td>
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<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health problems.</td>
<td>No</td>
<td>The professional strategy does not request any additional requirements other than those identified within the national criteria to undertake this training i.e. the ability to study at degree level and that student's need to poses numeracy skills.</td>
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<td><strong>2.</strong> Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td>See Above</td>
<td></td>
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<td><strong>3.</strong> If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>N/A</td>
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<td><strong>4.</strong> Is the impact of the policy/guidance likely to be negative?</td>
<td>No</td>
<td>See Above</td>
<td></td>
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<td><strong>5.</strong> If so can the impact be avoided?</td>
<td>N/A</td>
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<tr>
<td><strong>6.</strong> What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
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<tr>
<td><strong>7.</strong> Can we reduce the impact by taking different action?</td>
<td>N/A</td>
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</table>

For advice on answering the above questions please contact Helen Lamont, Deputy Director Nursing & Patient Services, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation with relevant stakeholders to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker.

Name of Person responsible for completion of this form: Maria Vincent, Nurse Consultant Cancer Services (NMP Nursing Lead)

Date of Completion: 16 October 2008

Action Plan due (or Not Applicable): N/A

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)