

Strategy for Non-Medical Prescribing

Effective January 2011

For Review January 2013

1. Introduction

This document aims to:

- Identify a clear framework for the ongoing development of non-medical prescribing (NMP) within the Trust, in line with national recommendations and good practice.
- Define the process for the implementation of NMP within Directorates and for individual practitioners throughout the Trust.
- Define the clinical governance framework required to support NMP and ensure measures such as audit and evaluation are carried out effectively.

2. Background

The aim of NMP is to give patients more streamlined access to medicines, improve access to services and make better use of nurses', pharmacists' and other health professionals' skills. The successful development of NMP within the Trust has been driven by the vision, aspiration and enthusiasm of senior practitioners and managers who identified the potential benefits that NMP has for patients and many of these benefits have already been realised.

The number of non-medical prescribers within the Trust continues to grow month by month with a full list currently available on the NMP database. Further developments are in the pipeline as engagement exercises are currently taking place to seek views for introducing independent prescribing responsibilities for a wider group of healthcare professionals.

It is essential that these developments are supported by a robust and consistent governance framework. This will be steered by the NMP Group, established in November 2010.

3. Strategy Focus

The Trust is committed to improving patients' access to medicines and has ensured multi-disciplinary services have evolved to meet the needs of local service users, by using NMP to facilitate service redesign.

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 and experience of non-medical healthcare professionals
- Improving efficiency and effectiveness

- Improving access to treatment
- Facilitating achievement of access targets
- Responding to changes in health care delivery and national objectives e.g. reducing outpatient prescribing.
- Ensuring safe clinical practice

In order to achieve these objectives NMP can be developed in many areas and it has already been introduced in the following areas:

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

NMP is expected to have an impact in other areas but is still in the early stages of development:

- Management of patients admitted for cardiothoracic surgery
- Management of acutely ill patients on critical care, within a recognised framework.

When developing or refining any service, directorate management teams should consider opportunities for NMP and where appropriate integrate them into workforce planning processes. When considering the potential for NMP 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 and supervision of the individual, team and service).
- Knowledge and skills of the professional
- Patient safety and best practice

4. Clinical Governance Frameworks

4.1 Organisation

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

The Non-Medical Prescribing Group (NMP Group), supported by the Trust's Medicines Management Committee (MMC), maintain overall responsibility for the strategic development, integration, implementation and monitoring of NMP within the organisation.

4.2 The NMP Group

The remit of the NMP Group is to:

- Review, maintain and update the NMP Strategy for the Trust
- Ensure all NMP developments within the Trust are evidence-based and in line with national direction and policy
- Discuss and approve all appropriate applications by NMPs to prescribe within the Trust.
- Ensure all NMPs adhere to professional guidance from the relevant regulatory body
- Review and approve Patient Group Directions then refer on to the Chair of the MMC for ratification
- Promote best practice and share experience in the application of NMP within the Trust
- Act as a professional forum for discussion of NMP issues within the Trust
- Consider new opportunities and professional development for both new and existing NMPs
- Consider new areas of opportunity where NMP could be developed
- Form links with the local universities providing NMP courses and be part of any course review process
- Ensure arrangements are in place to audit and evaluate practice, measure competence, monitor performance and review prescribing errors.

4.3 The Trust NMP Register

The Trust NMP Register, which is accessible to members of the NMP Group and all Pharmacy staff, contains the following information:

- The name of the non-medical prescriber, 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
- Scanned signature
- Prescribing status (Independent and / or supplementary)
- Categories of drugs that may be prescribed by the practitioner

4.4 Line Manager

The practitioner's line manager is responsible for:

- Identifying areas and individuals that would benefit from NMP and supporting individuals from the application process through to completion of the course and in their new role
- Ensuring that NMP have a personal development plan and have access to appropriate continuing professional development opportunities to enable them to maintain their prescribing competencies.
- Assessing knowledge and clinical / prescribing competences and checking prescribers' activity is audited at least on an annual basis.

4.5 Non-Medical Prescriber

4.51 Application process

In advance of an application to university practitioners are required to:

- Acquire verbal support from their Directorate manager or matron and identify a designated medical practitioner who will act as their mentor
- Apply for study leave and ensure they will be released and available for all study days
- Ensure NMP has been identified within their professional duties and is clearly stated within their job description
- Identify a NMP buddy who has been practising as a NMP for at least one year. This individual will promote safe prescribing and ensure studying and new prescribers meet their full potential
- Provide evidence of their ability to learn at degree level
- Provide evidence of their clinical skills, preferably as accredited training
- Contact the NMP lead pharmacist to discuss their proposal
- Submit a signed written application to the chair of the NMP Group to be presented at the next appropriate meeting
- If successful the individual will be informed in writing by the chair of the NMP Group. They can then apply to the university for a place on the next available course.

Accredited training of NMPs 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/> for nurses or <http://sunderland.ac.uk> for pharmacists.

Note: The practitioner must obtain a letter of Trust support from the chair of the NMP Group before applying to the university.

4.52 Training

Accredited prescribing courses are available from Northumbria, Teesside and Sunderland Universities. See Appendix 3 for further details

4.53 Post Qualification or non-medical prescribers joining the Trust

Practitioners who have successfully completed an accredited NMP training programme and existing NMP who join the Trust must complete the following to enable them to prescribe within the Trust:

- Register their qualification with their professional body and maintain their professional registration

- Confirm arrangements for ongoing support and supervision from their medical mentor and NMP buddy
- Agree the parameters of their prescribing with their directorate and the NMP Lead Pharmacist then submit the final completed proposal to the Chair of the NMP Group for discussion at the next meeting. NMPs will be given authority to prescribe and informed by letter of their PIN. Note: NMPs cannot begin prescribing until they receive written authorisation.

4.54 Guidance and procedures

Approved NMPs must:

- Ensure that patients are (wherever possible) made aware that they are being managed by a NMP, including the implications for practice and intervention. In certain situations this may not be possible e.g. unconscious or confused patients, emergency situations.
- Prescribe from the local formulary within their level of competence / clinical experience and in accordance with local, national and professional guidelines
- Maintain accurate, legible, unambiguous records that ensure patient safety and allow optimal communication between the patient and their healthcare team.
- Report any medication incidents or near misses in accordance with Trust procedures
- Report any suspected adverse drug reactions to the clinician responsible for the patient's ongoing care and complete a yellow card where appropriate.
- Maintain documented evidence of their evolving clinical knowledge and prescribing competencies (as a portfolio of evidence)
- Review and evaluate their practice on an annual basis and present results to the Trust NMP Group, using methods such as audit and prescribing assessment
- Discuss any expansions in the classifications of drugs that they wish to prescribe or any significant modifications to practice with the NMP Lead Pharmacist
- Immediately inform the organisation of any change in their personal details / role within the organisation or any circumstances 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 medical mentor and line manager. The period of supervised practice will be determined by the NMP in consultation with their medical mentor.

Approved NMPs must never:

- Prescribe outside of their area of competence or clinical experience
- 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
- Leave prescription pads unattended. When not in use prescription pads must be stored in a designated locked area. The Assistant Director of Pharmacy – Clinical Services must be notified if a prescription pad is lost or stolen.

5. Governance

Non-medical prescribers must always prescribe within their area of expertise and competence and feel comfortable with the prescribing decisions they have made. It is essential that they have medical support either from a named mentor or from within the team they work with. A NMP should never be pressured to prescribe something they are not familiar with and a referral system should be in place for when such a situation arises. The NMP Group will ensure prescribing practices are regularly audited and data reviewed to ensure practitioners are prescribing appropriately.

6. Liability

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

The Trust will support non-medical prescribers who:

- Complete an accredited period of study pertaining to NMP and have acquired authorisation from the organisation
- Prescribe within their level of clinical experience and 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.

Note: NMP are expected to possess appropriate professional indemnity insurance. .

7. Consultation and 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 Group 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 Group and presented to the Trust's Medicines Management Committee and Nursing and Midwifery Advisory Groups.

Comments on content and implementation of the strategy should be directed to Lorna Clark, Assistant Director of Pharmacy or Liz Harris, Head of Nursing, RVI.

This document will be reviewed two years after ratification or sooner if deemed necessary due to modifications to practice or legislation.

7. References / Bibliography

DoH (2006) Improving patients' access to medicines A Guide to Implementing Nurse and Pharmacist Independent prescribing within the NHS in England (2006)
http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=8670&Rendition=Web

DoH (2006) Medicines Matters
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064325

DoH (2008) The Non-Medical Prescribing Programme
<http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNon-MedicalPrescribingProgramme/index.htm>

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

Policy Author – Head of Nursing

Categories of Non Medical Prescribers

- **Nurse Independent Prescribers** (previously known as extended formulary nurse prescribers) are able to prescribe any licensed or unlicensed 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 three 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.

Appendix 3

Northumbria University offers both full-time and part-time prescribing courses for nurses. The part-time course consists of one day theory per week (Thursday) for 26 weeks. The full-time course consists of three weeks of block theory with nine additional study days over a total of 13 teaching weeks. Both courses require 12 days supervised practice. The university intends to offer the programme twice per academic year (part-time starting October and full-time starting March). Teesside University also offers a prescribing course for nurses and further details are available from their website.

The University of Sunderland offers a part-time prescribing course for pharmacists. This involves 8 taught theory days (Tuesdays) and 90 hours of supervised practice. The University plan to run the course twice a year (in October and March)

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Strategy for Non-Medical Prescribing	Policy Author:	Non-Medical Prescribing Group
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?		
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d).	Can we reduce the impact by taking different action?		

Comments: No reference is made to any of the specific groups listed above. NMP is open to all staff and no-one would be excluded because they fitted into any of the above categories.	Action Plan due (or Not Applicable):
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Name and Designation of Person responsible for completion of this form Lorna Clark Date: 12/1/11

Names & Designations of those involved in the impact assessment screening process: _____
(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.)