1 Introduction

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 Emergency Departments , walk-in and treatment centres
- Management of specialist / chronic conditions e.g. pain management, palliative care, allergy / immunology
- Management of minor conditions by nurses, midwives and health visitors working within community locations.
- Management of patients admitted for cardiothoracic surgery
- Roles where nurse practitioners have replaced junior doctors
- 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 and education of the professional
• Patient safety and best practice

2 Scope

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 Department of Health has issued clear guidance about the individual staff groups permitted to prescribe and the legal boundaries within which they must practice (Appendix 1). 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 planned as legislation was passed in August 2013 allowing the introduction of independent prescribing responsibilities for a wider group of healthcare professionals including physiotherapists and podiatrists. 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 Aims

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.

4 Duties and responsibilities

4.1 Organisation

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

4.2 The NMP Group

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

4.3 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 NMPs 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.
- Ensure NMP is included in the practitioner's job description

5 Definitions

No specific definitions required for this strategy.

6 Application and registration process

6.1 Application by practitioners to study

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  
• Have completed a CRB check within the last 3 years (NMC requirement)  
• 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  
• Provide evidence of basic mathematics and calculation skills  
• Contact the chair of the NMP Group to discuss their application  
• 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 local training programmes 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.

6.2 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 Chair of the NMP Group 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. NMPs must not begin prescribing until they receive written authorisation. Hospital prescribers will be given a unique Trust prescribing number however Community Practitioner Nurse Prescribers will not receive a unique Trust prescribing number as they are required to use their NMC number to confirm their identity.  
• Outpatient prescriptions pads can be obtained from the Pharmacy Department at RVI and Freeman Hospital for hospital NMPs.
• Prescription pads will be ordered for community practitioners on an individual basis by the pharmacy administrator for NMP. A request must be made and the appropriate paperwork completed once Trust approval for NMP has been granted.

6.3 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 (for hospital based practitioners only)
• Scanned signature
• Prescribing status (Independent and / or Supplementary or Community Practitioner Nurse Prescriber)
• Categories of drugs that may be prescribed by the practitioner (if appropriate)

6.4 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.

- Inform HR and the chair of the NMP Group that they are a NMP if they leave the Trust

Approved NMPs must never:

- Prescribe outside of their area of competence or clinical experience
- Administer or dispense any medicine they have prescribed
- 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.

### 6.5 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.

### 6.6 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.
7 Training

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

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

9 Monitoring Compliance

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
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<tbody>
<tr>
<td></td>
<td>Method</td>
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<tr>
<td>Maintain an up to date</td>
<td>10% of all records</td>
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<td>register of all Trust</td>
<td>reviewed to ensure</td>
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<td>NMPs.</td>
<td>nurses remain</td>
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<td>employed by Nuth</td>
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<tr>
<td>Ensure all NMPs prescribe</td>
<td>Prescribing data</td>
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<td>within their area of</td>
<td>reviewed for 10%</td>
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<tr>
<td>competence.</td>
<td>of registered NMPs</td>
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</table>

10 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.

11 Implementation

This document will be available on the Trust intranet for all staff to view. Individuals who express an interest in developing as NMPs will be signposted accordingly.

12 References / Bibliography


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

Categories of Non Medical Prescribers

**Nurse Independent Prescribers (V300)** (previously known as extended formulary nurse prescribers) are able to prescribe any licensed or unlicensed medicine for any medical condition within their competence. This also applies to all schedule 2 to 5 controlled drugs with the exception of prescribing of cocaine, diamorphine or dipipanone for the treatment of addiction (restricted to Home Office licensed doctors).

**Pharmacist Independent Prescribers** are able to prescribe any licensed medicine for any medical condition within their competence including schedule 2-5 controlled drugs, with the exception of prescribing of cocaine, diamorphine and dipapinone for the treatment of addiction (restricted to Home Office licensed doctors).

**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 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 (V150)** 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).
- Demonstrate Clinical Skills experience (preferably as a formal qualification)
- Have completed a CRB check within the last 3 years (NMC requirement)
- Be able to provide evidence of numeracy skills e.g. GCSE Maths, feedback from online tutorials e.g. Authentic World or Kings College London (www.kcl.ac.uk)
- 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 delivers a Community Practitioner Nurse Prescriber course (V150) for community staff nurses who wish to prescribe from the Community Nurse Formulary.

Northumbria University also offers a part-time Independent Nurse Prescribing course (V300) for nurses. This course consists of one day theory per week (Thursday) for 26 weeks and requires 12 days supervised practice. The university intends to offer the programme twice per academic year (starting September and 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)
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: Non Medical Prescribing Strategy</th>
<th>Policy Author: Non Medical Prescribing Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>You must provide evidence to support your response:</td>
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<tr>
<td>• Race *</td>
<td>No</td>
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<td>• Ethnic origins (including gypsies and travellers)</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>
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<td>• Age *</td>
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<td>• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *</td>
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<td>• Gender reassignment *</td>
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<td>• Marriage and civil partnership *</td>
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<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>No</td>
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<tr>
<td>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?</td>
<td>n/a</td>
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<tr>
<td>4(a). Is the impact of the policy/guidance likely to be negative? (If &quot;yes&quot;, please answer sections 4(b) to 4(d)).</td>
<td>No</td>
</tr>
<tr>
<td>4(b). If so can the impact be avoided?</td>
<td>n/a</td>
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<tr>
<td>4(c). What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>n/a</td>
</tr>
<tr>
<td>4(d). Can we reduce the impact by taking different action?</td>
<td>n/a</td>
</tr>
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</table>

Comments: Action Plan due (or Not Applicable):

Name and Designation of Person responsible for completion of this form: Lorna Clark, Assistant Director of Pharmacy Date: 19/11/13

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.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, 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 within six weeks of the completion of this form.

IMPACT ASSESSMENT FORM A

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

October 2010