



# **Non-medical Prescribing Policy**

**March 2017**

## Document Management

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<b>Author</b>	Giles Owen
<b>Department</b>	Prescribing and Medicines Management
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<b>Contact details</b> (of main contact for this document)	Name: Giles Owen Address: Francis Crick House, Summerhouse Road, Moulton Park, Northampton NN3 6BF Tel: 01604 651358 E-mail: <a href="mailto:Giles.owen@neneccg.nhs.uk">Giles.owen@neneccg.nhs.uk</a>
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# 1 INTRODUCTION

- 1.1 The NHS Plan, “A Plan for Investment a Plan for Reform” (NHS 2000), emphasises the necessity to organise and deliver services around the needs of patients. Prescribing is one area in which traditional roles have been examined and new roles developed to allow a wider group of healthcare professionals to undertake prescribing roles.
- 1.2 Health Care Professionals who are qualified to undertake this prescribing role are collectively known as Non-Medical Prescribers.
- 1.3 The key principles underpinning Non-Medical Prescribing are:
  - 1.3.1 Allowing service users quicker access to medication
  - 1.3.2 Providing services more efficiently and effectively
  - 1.3.3 Increasing service user choice
  - 1.3.4 Making better use of Nurses, Pharmacists and Allied Health Professionals (AHP)

# 2 BACKGROUND

- 2.1 There are different types of Non-Medical Prescriber qualification. The type of qualification awarded depends on an individual’s professional qualification and the subsequent Non-Medical Prescribing training course undertaken. Each type of Non-Medical Prescribing has different scopes of practice e.g.

## 2.1.1 Dependent

**Supplementary Prescribers (Nurse, Pharmacist or AHP)** - can prescribe medication (includes controlled drugs and unlicensed) in accordance with a Clinical Management Plan as part of a voluntary prescribing partnership with an Independent Medical Prescriber (Doctor or Dentist).

## 2.1.2 Independent

- **Community Practitioner Nurse Prescribers (NMC V100 + V150)** – can prescribe appliances, dressings and medicines for patients in the community from The Nurse Prescribers’ Formulary for Community Practitioners.
- **Independent Nurse Prescribers** (formerly known as Extended Formulary Nurses) – can prescribe any licensed medication, including certain CDs, for any medical condition within the practitioners professional scope of practice. Courses for independent nurse prescribers incorporate the supplementary prescriber qualification
- **Independent Pharmacist Prescribers** - can prescribe any licensed medicine for any medical condition, within the practitioners professional scope of practice, with the exception of all Controlled Drugs, (until such time as there are changes to the Home Office’s Misuse of Drugs regulations)

### **3 SCOPE OF THIS POLICY**

- 3.1 This policy applies to all Non-Medical Prescribers who undertake prescribing for patients on behalf of NHS Northamptonshire (referred to as NHSN)

### **4 ROLES AND RESPONSIBILITIES**

- 4.1 Non-Medical Prescribers – Must ensure they have read Corby and Nene CCGs “Non-Medical Prescribing Policy” and that they act in accordance with this policy and their professional scope of practice. All Non-Medical Prescribers have a professional responsibility to keep themselves abreast of clinical and professional developments. They will be expected to keep up-to-date with best practice in the management of conditions for which they may prescribe, and in the use of drugs, dressings and appliances. They will attend all required mandatory training.
- 4.2 Line-Managers – Must ensure they have read Corby and Nene CCGs “Non-Medical Prescribing Policy”. They must ensure that any Non-Medical Prescribers they line manage receive regular clinical supervision and appraisal (at least once a year). The National Prescribing Centre’s competency framework for Non-Medical Prescribers is a useful framework. They must keep a record of training attended by the Non-Medical Prescriber and ensure that mandatory training is attended as required.
- 4.3 Corby and Nene CCGs Prescribing Lead – is responsible for leading on Non-Medical Prescribing and policy development. They will ensure a database of Non-Medical Prescribers is maintained. The lead is based at:

Nene CCG  
Non-medical Prescribing Lead  
Pharmacy Policy & Prescribing Team  
Francis Crick House  
Summerhouse Road  
Moulton Park  
Northampton  
NN3 6BF  
(01604 651358/9)

### **5 APPLICATION PROCESS FOR ENROLLING ON AN INDEPENDENT PRESCRIBING COURSE**

- 5.1 Any Nurse, Pharmacist or AHP who wants to become a Non-Medical Prescriber must assess with their line manager how the qualification could be used to benefit patients. If there is a clear benefit then they should complete the appropriate application form.  
See APPENDIX 1 - ELIGIBILITY TO ACCESS INDEPENDENT PRESCRIBING TRAINING.  
It is necessary for the Non-Medical Prescribing Lead to sign the application form.
- 5.2 Applicants who have not completed the course (e.g. failed an assessment(s)) on ONE previous occasion are entitled to apply again.
- 5.3 Staff working within Corby and Nene CCGs will be interviewed prior to being accepted on an Independent Prescribing course. The intention of the interview is to ensure that any staff undertaking the course are deemed suitable and that they understand the requirements of the course. Also it provides them with an opportunity to ask any questions about the course.

If an applicant has not completed the course on a previous attempt this will be considered within the interview process.

## **6 APPROVAL TO PRACTICE AS A NON-MEDICAL PRESCRIBER WITHIN CORBY AND NENE CCGS (NOT APPLICABLE TO COMMUNITY PRACTITIONER NURSE PRESCRIBERS)**

- 6.1 On completion of the Non-Medical Prescribing training any Non-Medical Prescriber intending to undertake prescribing in the Corby and Nene CCGs must complete an “Approval to Practice Form” (See APPENDIX 2) and forward this to the Corby and Nene CCGs Non-Medical Prescribing Lead (see section 4)
- 6.2 All Non-Medical Prescribers who successfully complete the course must record their qualification with the appropriate regulatory body.
- 6.3 The postholder’s job description must refer to the type of Non-Medical Prescribing they will be undertaking and the area of clinical practice in which the Non-Medical Prescribing applies.
- 6.4 The Non-Medical Prescriber must not commence prescribing before receiving ratification of their “Approval to Practice Form” i.e. the form is signed by the Corby and Nene CCGs Non-Medical Prescribing Lead.
- 6.5 Following ratification of the “Approval to Practice Form” the Administrator for the Corby and Nene CCGs Pharmacy Team will notify the NMP and register them with the Prescription Pricing Division (PPD). This registration process usually takes 3 working days. If prescription pads are required these must be ordered by the GP practice.
- 6.6 After 3 years Non-Medical Prescribers are required to re-apply to continue practicing as a Non-Medical Prescriber. This will ensure that any changes in practice are documented. See “Non-Medical Prescribing Approval To Continue To Practice Form” (APPENDIX 3).

## **7 MANAGEMENT OF THE NON-MEDICAL PRESCRIBING DATA BASE**

- 7.1 The Administrator for the Corby and Nene CCGs Pharmacy Team will keep a data-base of all Non-Medical Prescribers within the Corby and Nene CCGs. This data-base will be maintained by ensuring that
  - All newly qualified Non-Medical Prescribers completing a “Non Medical Prescribing Approval to Practice Form” (APPENDIX 2). This form includes a specimen signature.
  - All Non-Medical Prescribers will be required to re-apply after 3 years, or if they change job in the meantime, by completing a “Non-Medical Prescribing Approval to Continue To Practice Form” (APPENDIX 3).
  - All Non-Medical Prescribers newly employed within Corby and Nene CCGs will be required to complete an “Non Medical Prescribing Approval to Practice Form” (APPENDIX 2)
- 7.2 Any Non-Medical Prescriber who is no longer carrying out prescribing duties e.g. has left Primary Care Trust employment, is required to notify the NHSN and if they have any prescription pads they must destroy them in presence of their line manager (See APPENDIX 4 - Confirmation Of Cessation Of Non-Medical Prescribing At A Particular Practice And Shredding Of Any Unused Prescriptions)

- 7.3 The Administrator for the Corby and Nene CCGs Pharmacy Team will run ePACT prescribing reports each quarter. These reports can be e-mailed to any Non-Medical Prescribers who request them. The aim of these reports will be to aid continued professional development and clinical supervision.

The reports will also be used to check which Non-Medical Prescribers have not prescribed for over one year. Any Non-Medical Prescriber who has not prescribed for one year will be contacted by the Non-Medical Prescribing Lead and a plan will be developed to either:

- Enable the Non-Medical Prescriber to return to prescribing practice or
- Remove approval to prescribe within the Corby and Nene CCGs

## **8 SUPPLEMENTARY PRESCRIBING**

- 8.1 The key principles underpinning Supplementary Prescribing are the:

- Importance of communication between prescribers
- Need for shared access to patient medical records

- 8.2 Supplementary Prescribers prescribe in partnership with an Independent Medical Prescriber, who must be a Doctor or a Dentist. The Independent Medical Prescriber will determine which patients may benefit from Supplementary Prescribing and specify the medicines that may be prescribed under a patient-specific Clinical Management Plan (CMP).

- 8.3 This CMP (see APPENDIX 6 for CMP content) must be drawn up following diagnosis of the patient by the Independent Medical Prescriber, and following consultation and agreement between the Independent Medical Prescriber(s) and Supplementary Prescriber(s).

- 8.4 Before Supplementary Prescribing can take place an agreed written CMP must be in place relating to a named patient and to that patient's specific condition(s) to be managed by the Supplementary Prescriber. This should be included in the patient's healthcare record.

- 8.5 The Independent Medical Prescriber and Supplementary Prescriber must determine the extent of the responsibility the Supplementary Prescriber has under the CMP. They will need to take account of the experience and areas of expertise of the Supplementary Prescriber.

- 8.6 A Supplementary Prescriber must only agree to prescribe medication or products they are satisfied fall within their area of competence and experience.

- 8.7 The patient must agree to their own on-going care being managed in this manner. (Ref: Department of Health 2003)

- 8.8 A Clinical Management Plan can be terminated at any time. Below are listed some of the primary reasons for termination. The list is not exhaustive.

- the discretion of the Independent Prescriber
- the request of the Supplementary Prescriber or the patient
- where a patient's mental state has deteriorated to such an extent that either the Independent or Supplementary Prescriber has concerns regarding the patient's capacity to agree to the CMP.
- at the time specified for the review of the patient, unless it is renewed by both prescribers at that time
- where there is a sole Independent Prescriber and he/she is replaced for whatever reason. In these circumstances the CMP must be reviewed by their successor.

## **9 INDEPENDENT NON-MEDICAL PRESCRIBING**

9.1 The Department of Health's working definition of Independent Prescribing is prescribing by a practitioner (e.g. Doctor, Dentist, Nurse, Pharmacist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

9.2 Independent Non-Medical Prescribing should meet the following criteria:

- the service user will receive an improved and timely service
- improve patient care without compromising patient safety
- make it easier for patients to get the medicines they need
- increase patient choice in accessing medicines
- make better use of the skills of health professionals
- contribute to the introduction of more flexible team working across the NHS

9.3 The Independent Non-Medical Prescriber must have suitable knowledge, experience and expertise relevant to the condition they are to treat

## **10 RECORD KEEPING**

10.1 A good record is one that provides in a timely manner all professionals involved in a patient's treatment, with the information needed for them to care safely and effectively for that patient. It is a necessary way of promoting communication within the healthcare team and between practitioners and their patients/clients. Good record keeping is, therefore, both the product of effective team working and a pre-requisite for promoting safe and effective care for patients. The Nursing and Midwifery Council Guidelines for record keeping is a useful guide.

10.2 All health professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care. The details of any prescription, together with other details of the consultation with the patient, should be entered onto the shared patient record immediately, or failing that, as soon as possible after the consultation. Only in very exceptional circumstances (e.g. the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription. This information should also be entered at the same time onto the patient record and onto the nursing or pharmacy patient record (where a separate record exists)

## **11 MANAGEMENT OF PRESCRIPTIONS**

**See Corby and Nene CCGs "Guidance on the security of prescriptions".**

11.1 Non-Medical Prescriber must ensure that all prescriptions issued contain the correct details. This is particularly pertinent when they have more than one role in which they prescribe e.g. out-of-hours

## **11.2 Prescription Pads**

- 11.2.1 Blank prescription forms must **NOT** be pre-signed, to reduce the risk of misuse should they fall into the wrong hands.
- 11.2.2 Under NO circumstances should prescription pads be left in unattended cars. Where return to the office is not possible at the end of the working day consideration should be given to the most appropriate and safe place to store prescription pads off site
- 11.2.3 All unused forms should be returned to a secure location at the end of the session or day. Prescriptions are less likely to be stolen from locked secure stationery cupboards than from desks, bags or cars.
- 11.2.4 The prescriber should keep a record of the serial numbers of prescriptions issued to him or her. The first and last serial numbers of pads should be recorded. It is also good practice to record the number of the first remaining prescription form of an in-use pad at the end of the working day. Such steps will help to identify any prescriptions that are either lost or stolen overnight. Having only one active prescription pad will aid this process.
- 11.2.5 Any Non-Medical Prescriber who is no longer carrying out prescribing duties e.g. has left Primary Care Trust employment, is required to notify the NHSN and if they have any prescription pads they must destroy them in presence of their line manager (See APPENDIX 4 - Confirmation of Cessation of Non-Medical Prescribing and Record of Returned Unused Prescription Pads).

## **11.3 Ordering (See APPENDIX 5)**

- 11.3.1 Individual GP Practices will be responsible for ordering prescription pads for all Non-Medical Prescribers employed by the practice.

## **11.4 Stolen Prescriptions - See Corby and Nene CCGs "Guidance on the security of prescriptions".**

- 11.4.1 If any blank prescriptions cannot be accounted for, the matter should be reported to the NHS Northamptonshire Pharmacy and Prescribing Team Administrator. They will notify the LSMS notified using the Missing/lost/stolen NHS prescription form(s) notification form at annex B.

## **12 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

- 12.1 Following qualification or change in scope of practice there will be a period of support to ensure high standards of practice. The Non-Medical Prescribers will facilitate this with their Line Manager.
- 12.2 All Non-Medical Prescribers have a professional responsibility to keep themselves abreast of clinical and professional developments. They will be expected to keep up-to-date with best practice in the management of conditions for which they may prescribe, and in the use of drugs, dressings and appliances. Nurses may use the learning from this activity as part of their Post Registration Education and Practice.
- 12.3 Non-Medical Prescribers should have access to regular clinical supervision in line with professional guidance and keep appropriate records. Non-Medical Prescribing will be discussed in performance appraisal and development review and any training needs identified.

- 12.4 The Department of Health commissioned the National Prescribing Centre (NPC) to provide CPD support by means of the 'Maintaining Competency in Prescribing' documents to help Non-Medical Prescribers. This guide may be used to reflect on prescribing practice.
- 12.5 Following qualification or change in scope of practice there will be a period of support to ensure high standards of practice. The Non-Medical Prescribers will facilitate this with their Line Manager.
- 12.6 An annual program of CPD will be provided for Non-Medical Prescribers by the Non-Medical Prescribing Lead. Records will be kept of training events attended by individual Non-Medical Prescriber's.

### **13 LEGAL AND CLINICAL LIABILITY**

- 13.1 All Non-Medical Prescribers have responsibility for accepting professional accountability and clinical responsibility for their prescribing practice, working at all times within their clinical competence and with reference to their regulatory body's professional standard
- 13.2 It is the responsibility of the Non-Medical Prescriber and their Line Manager to agree the areas in which the Non-Medical Prescriber are able to prescribe as part of their professional duties.
- 13.3 Should the Non-Medical Prescriber wish to expand on these areas, the Line Manager must explore any further clinical training or experience that may be required and this must be provided before this new area can be included in their professional duties. A revised 'Approval to Practice' form should be completed and forwarded to the NHSN's Non-Medical Prescribing Lead.
- 13.4 The Non-Medical Prescriber is accountable for completing relevant patient documentation for recording of prescribed items and communication, as agreed, with the practice
- 13.5 When a Non-Medical Prescribers prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions. Practice based Non-Medical Prescribers must check they are covered by the practice's insurance policy.
- 13.6 It is strongly recommended that all Non-Medical Prescribers ensure that they have professional indemnity insurance.
- 13.7 Non-Medical Prescribers cannot recommend a particular dispensing pharmacist. This is a matter of patient choice.
- 13.8 Non-Medical Prescribers must not prescribe any medicines for themselves. Neither should they prescribe a medicine for anyone with whom they have a close personal or emotional relationship other than in exceptional circumstances.
- 13.9 If a Non-Medical Prescriber is suspected of inappropriate practice the matter must be raised with the Non-Medical Prescribing Lead (01604 651358/9).

## 14 SOURCE DOCUMENTS

- Supplementary Prescribing for Nurses, Pharmacists, Chiropodists/Podiatrist, Physiotherapists and Radiographers within the NHS in England update May 2005.
- Extending Nurse Independent Nurse Prescribing in the NHS in England, DH 2004.
- Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England. DH 2006.
- Medicines Matters. A guide to mechanisms for the prescribing, supply and administration of medicines. DH 2006
- Standards for medicines management (NMC 2008)
- Standards of proficiency for nurse and midwife prescribers (NMC 2006)
- Standards for independent + supplementary nurse and midwife prescribers (NMC 2008)

## **ELIGIBILITY TO ACCESS NON-MEDICAL PRESCRIBING TRAINING**

Any Nurse, Pharmacist or AHP who wants to become a Non-Medical Prescriber must assess with their line manager how the qualification could be used to benefit patients. If there is a clear benefit then they must apply to a Higher Education Institute to undertake the necessary training e.g. University of Northampton. The application form usually requires the applicant to ascertain a supporting signature from their Line Manager, Designated Medical Supervisor and the Corby and Nene CCGs Non-Medical Prescribing Lead.

Each institute will have its own prerequisites for undertaking the course but the following minimum requirements for each type of professional is usually sought (see below).

- **Nurse Independent or Supplementary Prescribing**  
Nurses must be a First Level Registered Nurse, Registered Midwife or Registered Specialist Community Public Health Nurse. Have at least three year's post registration clinical experience or part time equivalent and developed expertise in their area of clinical practice. Normally will be at Band 5, plus first gateway achieved or above.
- **Pharmacist Independent or Supplementary Prescribing**  
Pharmacists must be a Registered Pharmacist whose name is held on the membership register of the Royal Pharmaceutical Society of Great Britain and have at least two year's experience as a Pharmacist following their pre-registration year after graduation.
- **Allied Health Professional Supplementary Prescribing**  
Must be An Allied Health Professional from the following professional groups, Chiropodist,/Podiatrist, Physiotherapist, Radiographer and Optometrists. Must have been a registered professional whose name is held on the relevant part of the Health Professions Council Membership Register and have at least two year's experience

### **Medical Supervisors**

Non-Medical Prescribing courses involve a period of time training in practice with a Designated Medical Practitioner

The Designated Medical Prescriber acting as a supervisor must be a registered Medical Practitioner with:

- at least three year's medical, treatment and prescribing responsibility for a group of patients in the relevant field of practice,
- is a GP, Specialist Registrar, Clinical Assistant or a Consultant with the NHSN, has the support of NHSN to act as the designated Medical Practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice,
- has some experience of training in teaching and/or supervising in practice.

**NON-MEDICAL PRESCRIBING (NMP) APPROVAL TO PRACTICE FORM**

Name of Prescriber: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title: Miss / Mrs/ Ms/ Mr (please indicate)

Nursing and Midwifery Council PIN (Nursing staff): \_\_\_\_\_

HPC or RPSGB Registration No (AHPs and Pharmacists): \_\_\_\_\_

Place of Work: \_\_\_\_\_ Email: \_\_\_\_\_

Clinical responsibility (eg diabetes, hypertension, COPD etc)

\_\_\_\_\_

Type of Non-Medical Prescriber \_\_\_\_\_

Line Manager \_\_\_\_\_

*If prescription pads are required they should be ordered by GP practice.*

***If you would like a quarterly ePACT report on your prescribing please complete the “ePACT prescribing report request” (appendix 7 of the NMP policy)***

***The following boxes must be ticked before returning the form to the address below:***

- I confirm that I have safe storage facilities for my prescription pads
- I confirm that I have my own Professional Indemnity Insurance
- My Job Description has been amended to include Non-Medical Prescribing responsibilities
- I have read and understood the Corby and Nene CCGs “Non-Medical Prescribing Policy”

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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I am aware that \_\_\_\_\_ is qualified to practice as a Non-Medical Prescriber and I support this practice in his/her current role in the Trust.

Name of Corby and Nene CCGs NMP Lead \_\_\_\_\_

Signature of Corby and Nene CCGs NMP Lead \_\_\_\_\_ Date \_\_\_\_\_

Official use:

Registration	Practice code	Annexe to PPD	Database	Epact data/tag	BNF

Return to Prescribing & Medicines Management, NHS Nene CCG, Francis Crick House, Summerhouse Road, Moulton Park, Northampton NN3 6BF ☎ 01604 651359

**NON-MEDICAL PRESCRIBING (NMP)**

**APPROVAL TO CONTINUE TO PRACTICE FORM**

Name Prescriber: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Title: Miss / Mrs/ Ms/ Mr (please indicate)

Nursing and Midwifery Council PIN (Nursing staff): \_\_\_\_\_

HPC or RPSGB Registration No (AHPs and Pharmacists): \_\_\_\_\_

Place of Work: \_\_\_\_\_

Clinical responsibility (eg diabetes, hypertension, COPD etc)

\_\_\_\_\_

Type of Non-Medical Prescriber \_\_\_\_\_

Line Manager \_\_\_\_\_

If you would like a quarterly ePACT report on your prescribing please complete the "ePACT prescribing report request" (appendix 7 of the NMP policy)

**The following boxes must be ticked before returning the form to the address below:**

- I confirm that I have safe storage facilities for my prescription pads
- I confirm that I have my own Professional Indemnity Insurance
- My Job Description includes Non-Medical Prescribing responsibilities
- I have read + understood the NHSN's "Non-Medical Prescribing Policy"

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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I am aware that \_\_\_\_\_ is qualified to practice as a Non-Medical Prescriber and I support this practice in his/her current role in the Trust.

Name of Corby and Nene CCGs NMP Lead \_\_\_\_\_

Signature of Corby and Nene CCGs NMP Lead \_\_\_\_\_ Date \_\_\_\_\_

Official use:

Registration	Practice code	Annexe to PPD	Database	Epact data/tag	BNF



**Confirmation Of Cessation Of Non-Medical Prescribing  
at a Particular Practice And Shredding Of Any Unused Prescriptions**

**Name:**.....

**Designation:**.....

I confirm that I have destroyed all unused prescription prescriptions (see appendix 5) in the presence of the practice manager.

Reason for cessation of Non-Medical Prescribing e.g. new job:.....

.....

at GP practice .....

Signature of Staff Member .....Date:.....



## CLINICAL MANAGEMENT PLAN

### The CMP must include the following:

- The name of the patient to whom the plan relates
- The illness or conditions which may be treated by the Supplementary Prescriber
- The date on which the Plan is to take effect, and when it is to be reviewed by the Doctor who is party to the Plan. The planned review must take place between 6 and 12 months from the commencement of the Plan. The review date may be much shorter than this if the patient is being prescribed a drug for short-term use only.
- Reference to the class or description of medicines or types of appliances, which may be prescribed or administered under the Plan.
- Any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the Plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the Plan.  

(**NB:** The CMP may include a reference to published national or local guidelines. However, these must clearly identify the range of relevant medicinal products to be used in the treatment of the patient, and the CMP should draw attention to the relevant part of the guideline. The guidelines also need to be easily accessible).
- Relevant warnings about known sensitivities of the patient, or known difficulties of the patient with particular medicines or appliances.
- The arrangements for notification of:
  - i) suspected or known reactions to a medicine which may be prescribed or administered under the Plan, and suspected or known adverse reactions to any other medicine taken at the same time as any medicine prescribed or administered under the Plan, and
  - i) incidents occurring with the appliance which might lead, might have led, or has led to the death or serious deterioration of state of health of the patient.
- The circumstances in which the Supplementary Prescriber should refer to, or seek the advice of, the Doctor or Dentist who is party to the plan.



## ePACT prescribing report request

I would like to receive quarterly ePACT prescribing reports. I understand that other Non Medical Prescribers (NMP) will be able to view my prescribing data but that this data is not to be shared with members outside the group without prior approval from the NMP(s) concerned.

Name..... Date.....

Practice: .....

Email address: .....

Please return to Sue Barron at [sue.barron@neneccg.nhs.uk](mailto:sue.barron@neneccg.nhs.uk)

