Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Document level: Trustwide (TW)
Code: MP16
Issue number: 2

Non-Medical Prescribing (NMP) policy

Lead executive	Medical Director
Author and contact number	Chief Pharmacist - 01244 397379

Type of document	Policy
Target audience	All clinical staff who are considering becoming a non-medical prescriber(NMP) or who are an NMP
Document purpose	To provide guidance on how to become a non-medical prescriber.The policyalso outlines the framework in which non-medical prescribing should be conducted within CWP.

Document consultation		
AMH – Wirral	No	
AMH – West	No	
AMH – East	Yes	Kim Madeley
D&A services	Yes	Linda Johnstone
CAMHS	No	
LD services	No	
CCWC services	No	Janet Durrans, Val Sturgess,
Corporate services	Yes	Fiona Couper, Karen Herbert, John Hickey
Staff side	No	
Other –	No	
Groups / Committees	Yes	Non-medical prescribing strategy group
Involvement taskforce	No	

Approving meeting	Medicines Management Group	25-Apr-13
Original issue date	Jun-08	
Implementation date	Apr-13	

CWP documents to be read in conjunction with	HR6 MP1 MP9 GR40 MH13	Mandatory Employee Learning (MEL) policy Medicines policy Policy for the initiation and maintenance of prescribing medicines for “off-label” indications (licensed medicines for unlicensed indications) Central Alerting System (CAS) policy Part IV and IVA - Mental Health Act 1983 Consent to treatment

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA)

Financial resource implications	Yes - Cost of training to become an NMP - the Psychopharmacology course and the NMP prescribing course.

Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• 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 disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
N/A		
Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	N/A	
• What alternatives are there to achieving the document without the impact?	N/A	
• Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Document change history

Changes made with rationale and impact on practice
1. The policy has been completely updated since the last version and takes into account the non-medical prescribers who work across physical health as well as mental health services.
2. The approval to Practice paperwork has been updated to include the changes in controlled drugs legislation in 2012 and also to describe the formulary areas of prescribing practice much clearly.

External references

References
1. Contained within the policy

Monitoring compliance with the processes outlined within this document

Please state how this document will be monitored. If the document is linked to the NHSLA accreditation process, please complete the monitoring section below.	This process will be monitored by MMG.

Content

1. Introduction

This document sets out the policy guidance for Non-Medical Prescribing (NMP) within Cheshire and Wirral Partnership NHS Foundation Trust (CWP). This policy is concerned with all non- medical prescribing and has been substantially revised and rewritten to reflect various organisational and legislative changes since 2008.

In 1989, a Department of Health advisory group chaired by Dr June Crown, considered the implications that nurse prescribing raised, and published the first Crown Report, which recommended that suitably qualified registered nurses (defined as those with a District Nurse or Health Visitor qualification) should be authorised to prescribe from a limited list, the Nurse Prescribers' Formulary.

Primary legislation permitting nurses to prescribe was passed in 1992. Between 1994 and 1998 pilot sites were established, and in 1998 a national roll-out of nurse prescribing, which was completed in spring 2001, applied only to nurses with District Nurse or Health Visitor qualifications.

2005/6 saw the biggest change to the NMP initiative. From May 2006 nurses and pharmacists (hereafter referred to as "the prescriber") were able to prescribe independently from the entire British National Formulary (within their area of competence).
Further changes in legislation in April 2012 allowed independent nurses and pharmacists to prescribe controlled drugs.

NMP aims to maximise benefits to patients and the NHS by:

- Providing better access to and use of medicines
- Better, more flexible use of workforce skills;
- Ensuring that quality and patient safety underpins this provision

Prescribing rights have been extended to nurses, pharmacists, and optometrists and the DH in April 2013 announced the extension of prescribing to physiotherapists and podiatrists. It is important that these activities are acknowledged and harnessed to deliver safe, effective, patient care.

NMP will contribute to the delivery of high quality, flexible and patient-centred services. It also supports the delivery of Care Quality Commission essential standards and enables organisations to achieve access targets.

1.1 Definitions

Non-medical prescribing (NMP)
NMP is prescribing by specially trained nurses, optometrists, pharmacists, physiotherapists, podiatrists and radiographers, working within their clinical competence as either independent or supplementary prescribers.

Independent prescribing
Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. In practice, there are TWO distinct forms of non-medical independent prescriber.

i) An **Independent Prescriber (IP)** may currently be a specially trained nurse, pharmacist or optometrist who can prescribe any licensed medicine **within their clinical competence**. Nurse and pharmacist independent prescribers can also prescribe unlicensed medicines.

ii) A **Community Practitioner Nurse Prescriber (CPNP)**, for example district nurse, health visitor or school nurse, can independently prescribe from **a limited formulary** called the Nurse Prescribers' Formulary for Community Practitioners, which can be found in the British National Formulary (BNF).

Supplementary prescribing
Supplementary prescribing is a voluntary partnership between a doctor or dentist (the independent prescriber) and a supplementary prescriber to implement an agreed patient-specific clinical management plan with the patient's agreement.

A **supplementary prescriber** may currently be a specially trained nurse, optometrist, pharmacist, physiotherapist, podiatrist or radiographer who can prescribe any medicine within their clinical competence, **according to a patient specific Clinical Management Plan (CMP)** agreed with a doctor or dentist and the patient.

1.2 Principles

There are a number of key principles that should underpin non-medical prescribing, which should result in:

a. Optimising choice for patients by providing a degree of flexibility with care arrangements;
b. Providing clinical teams with an opportunity to provide a more flexible care programme;
c. Enhancing patient safety with routine and regular auditing;
d. Optimising the use of time by nurses and doctors;
e. Clarification of professional responsibilities with patient safety being paramount.

These principles emphasise the importance of communication between all involved in the patients' care and the agreed care plan. It is essential therefore that the patient is treated as a partner in their care and is involved at all stages in decision making, **including** whether part of their care is delivered via a non-medical prescriber by means of informed consent. If a patient is unable to give consent or where a patient's capacity to consent fluctuates, then testing for capacity should take place at every stage of formulating and implementing the clinical management plan and documented accordingly (Capacity Act 2007). Appropriate steps must be taken where English is not the patient's first language to ensure appropriate translation/interpretation is in place.

The non-medical prescriber should have endorsement from the Deputy Director of Nursing & Therapies / Associate Director of Nursing & Therapies and / or the Chief Pharmacist and meet the legal, educational, and occupational criteria to enable them to commence preparation to become an Independent Non-medical Prescriber and/or Supplementary Prescriber. Prescribing competence must be evidenced and maintained by means of Continuous Professional Development (CPD).

2. Policy Objectives

This policy applies to healthcare professionals registered with CWP as non-medical prescribers, in accordance with their job descriptions/KSF Outlines, to undertake prescribing as part of their role. This Policy will be adopted in all areas across the Trust where it is deemed appropriate and should be read in conjunction with the Trust's medicine policy.

The objectives of this document are therefore to:

- Set out the principles on which NMP is based;
- Outline the format for NMP which includes the Clinical Management Plan (CMP) for supplementary prescribing;
- Set out an accountability framework for practice;
- Outline the application process to become a non-medical prescriber (appendix 1);
- Ensure that all staff follow standard polices and procedures when prescribing;
- Provide a standard for NMP within CWP that provides an auditable process;
- Ensure that all non-medical prescribers within CWP are aware of their roles, responsibilities and limitations.

3. Liability of Employer

When a non-medical prescriber is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions. In addition, these prescribers are individually professionally accountable to their respective professional bodies for this aspect of their practice, as for any other, and must act in accordance with the relevant Regulatory Codes of Professional Conduct. (DOH April 2006).

Both employer and employee should ensure that the employee's job description/Knowledge and Skills Framework (KSF) includes a clear statement that prescribing is required as part of the duties of that post or service.

Professional bodies require employers to have appropriate clinical governance systems to enable the registrant to prescribe once qualified. It is assumed that all employees will have undergone a Criminal Records Bureau (CRB) check and that systems are in place to highlight any risk associated with undertaking the role as a non-medical prescriber as a result of this CRB check.

4. Accountability and professional indemnity

Each qualified non-medical prescriber is individually and professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. Each non-medical prescriber is expected at all times to work within the standards and code of professional conduct as set out by their own regulatory bodies, as well as policies and guidelines ratified by their employing organisation.

They must be able to recognise and deal with pressures (e.g. from the pharmaceutical industry, patients, or colleagues) that might result in inappropriate prescribing (DOH April 2006).

All prescribers should ensure that they have adequate professional indemnity insurance (DOH April 2006).

Individuals wishing to become a non-medical prescriber must follow the procedure in appendix 1.

5. Prescribing formularies

Local trust or service formularies should be adhered to in accordance with approved Trust guidelines.

6. Writing prescriptions

Detailed advice on prescription writing is contained in the current edition of the BNF. The accuracy and clarity of prescriptions is a potential area of risk. All prescribers must follow the requirements and standards laid down in the CWP medicines policy.

All non-medical prescribers are recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name.

6.1 Prescribing for self, family and friends

Non-medical prescribers will **not** prescribe any medicine for themselves or for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance (See relevant professional / regulatory standards).

6.2 Gifts and benefits

The advertising and promotion of medicines is strictly regulated under the Medicines (Advertising) Regulations 1994, and it is important that Independent Non-Medical Prescribers make their choice of medicinal products for their patient on the basis of evidence, clinical suitability and cost effectiveness alone.

As part of the promotion of a medicine, suppliers may provide inexpensive gifts and benefits, for example pens, diaries or mouse mats. Personal gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement (refer to Corporate Governance Manual section on gifts and hospitality) http://www.cwp.nhs.uk/reports/1600-corporate-governance-manual-november-2010

Companies may also offer hospitality at a professional or scientific meeting.

Such hospitality should be reasonable in level and subordinate to the main purpose of the meeting. Prescribers should familiarise themselves with CWP policy that covers working with Pharmaceutical industry. http://www.cwp.nhs.uk/reports/1600-corporate-governance-manual-november-2010

6.3 Repeat prescribing

The non-medical prescriber may issue a repeat prescription, but does so in the knowledge that they are responsible as the signatory of the prescription and are accountable for their practice.

Before signing a repeat prescription the non-medical prescriber must be satisfied that it is safe and appropriate to do so and that secure procedures are in place to ensure that:

- The patient/client is issued with the correct prescription;
- Each prescription is regularly reviewed and is only re-issued to meet clinical need;
- Reviews take place following a maximum of six prescriptions or six months elapsing;
- Suitable provision for monitoring each patient / client's condition is in place and that patient's / clients who need a further examination or assessment do not receive repeat prescriptions without being seen by an appropriate prescriber. (NMC May 2006)

6.4 Prescribing Off-Label

Independent prescribers may prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation(off-label).They will however accept professional, clinical and legal responsibility for that prescribing, and should only prescribe off-label where it is accepted clinical practice and within the policy of the employing organisation. Read in conjunction with CWP Policy for the initiation and maintenance of prescribing medicines for "off-label" indications (licensed medicines for unlicensed indications).

In order to prescribe off licence / off label the following conditions must be met:

The non-medical prescriber:

- Is satisfied that it would better serve the patient's needs than a licensed alternative;
- Is satisfied that there is sufficient evidence base to demonstrate its safety and efficacy;
- Explains to the patient / carer why the medicine is not licensed for its proposed use;
- Documents in a clear, accurate, and legible manner the reason for prescribing off-label / off-licence;
- Should at all times be aware of the need to check for incapacity and consent issues (see section on incapacity, consent issues and medication).

6.5 Prescribing unlicensed medicines

Nurse and Pharmacist Independent Prescribers can now prescribe unlicensed medicines for their patients, on the same basis as doctors and supplementary prescribers. The same criteria should be met as listed above.

6.6 Prescribing for inpatients

The standard in-patient medicine and administration chart must be used. All prescribers must follow the instructions for use in accordance with Trust medicines policy.

7. Drug and appliance alerts

In the event of a drug or appliance alert being received, the non-medical prescriber should respond accordingly and liaise with the Chief Pharmacist on any issues that require his / her attention (see Central Alerting System CAS policy).

8. Adverse drug reaction

If a patient suffers a suspected adverse reaction to a Prescription Only Medicine (POM), over the counter (GSL), pharmacy only (P) or herbal medicine non-medical prescribers should report via the **Yellow Card Scheme.** Hard copies of the form can be found at the back of the BNF, electronic copies can be found at **www.yellowcard.gov.uk**

All non-medical prescribers should notify the Doctor concerned accordingly and follow local policy with regard to incident reporting and ensure that the health and well being and safety issues of the patient are dealt with appropriately.

9. Prescription security

Prescription pads are considered controlled stationery

The security of prescription forms is the responsibility of the authorised prescribing practitioner. This includes computer-generated prescriptions and related IT software.

A record of the prescription issued must be kept. The acceptable forms of recording would be:

- A photocopy held in a folder; or
- Details copied into a hard bound book;
- Electronic healthcare record.

The minimum requirements that must be recorded are the name and address of the patient and the serial number of the prescription.

Prescribers must only issue prescriptions bearing their own name and professional registration number.

The prescription pad will only be produced when needed and never be left unattended. When not in use, it will be stored in a designated, locked safe place or (in the case of visiting out in the community) kept in the practitioner's bag and with them at all times. Prescription pads must never to be left on view e.g. within a car or on a desk.

Under no circumstances should blank prescription forms be pre-signed before use. Prescription forms should remain intact until a prescription is issued.

In the event of a missing or stolen pad the practitioner will immediately inform his/her line manager and ensure a Datix entry is completed. It is the line managers' responsibility to inform the relevant Health Agency Office. In East and West localities this is the Cheshire Health Agency Office Services 01244 650402. In Wirral the team manager is to go through Central Operations Mersey (COM) the contact is Paul Carverry or Clare O'Toole (or their successors) who can be contacted on 0151 2967093. The line manager must also inform the NMP administrator to allow replacement pads to be ordered (see appendix 3 and appendix 4)

Refer to the Trust procedure for handling prescription pads and section on record keeping for more detail.

10. Controlled Drugs

Detailed advice on writing a prescription for Controlled Drugs is contained in the BNF section referring to "guidance on Prescribing – Controlled Drugs and Drug Dependence", as well as in the CWP Medicines Policy.

Nurse Independent prescribers may prescribe controlled drugs according to current legislation and must ensure that they maintain up to date knowledge of drugs and legislation.

The Accountable Officer for Controlled Drugs is the Chief Pharmacist and all non-medical prescribers must be aware of who the Accountable Officer is and also be aware of the audit requirements in local procedures for the prescribing and supply of controlled drugs.

11. Patients Detained under the Mental Health Act 1983

Currently the flexibility afforded by NMP does not sit with the responsibilities required under Part IV of the Mental Health Act 1983 in relation to the role of the non-medical prescriber. Therefore, the prescribing of medicines for any patient detained under the Act with regard to their mental health, not physical health, remains the responsibility of the Responsible Medical Officer. 227 (section 62) of the Mental Health Act states treatment of a physical disorder which is neither a symptom of the patients disorder nor a cause of it, is not covered by this Act and a patient can only be treated under common law'. Non-medical prescribers working within high secure services are therefore legally entitled to prescribe independently for physical health care. Any developments in the legislation will be reflected in this policy.

12. Incapacity, Consent Issues and Medication

The basis of the NMP framework requires consultation with and significant involvement of the patient. For a patient lacking capacity the non-medical prescriber must follow the guidelines for consent to treatment and the mental capacity act (see medicines policy).

If a patient lacks capacity and, by virtue of this, is unable to give consent to treatment, the law does not allow a patient's relative or carer to provide such consent on their behalf.

The independent prescriber may apply the doctrine of necessity and take sole responsibility (after consulting with the patient's relatives for their views) for treating the patient according to the patient's best interests in line with the Mental Health Capacity Act requirements and DH guidelines on consent to treatment.

This policy should be read in conjunction with CWP policy Part IV and IVA - Mental Health Act 1983 Consent to treatment and Mental Capacity Act

13. Record Keeping

All health care professionals are required to keep accurate, legible, unambiguous and contemporaneous records of patient care. For more detailed guidance staff should refer to the standards published by the relevant professional/regulatory body and Trust Policies.

Best practice suggests that 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**.

In supplementary prescribing, the doctor and supplementary prescriber must share access to, consult and, wherever possible, use the same common patient/client record. It is recommended that the record indicates clearly:

- The date of the prescription;
- The name of the prescriber (and that they are acting as a Nurse, Pharmacist, Independent or Supplementary Prescriber);
- The name of the item prescribed, together with the quantity, dose, frequency and treatment duration;
- The route of administration.

14. Competencies for Non-Medical Prescribing (NMP)

All prerequisites for NMP must be completed before embarking on the NMP course (see appendix 1 for details).

Clinical supervision and Continuing Professional Development are essential elements of the Clinical Governance Framework for non-medical prescribers.

Non-medical prescribers are responsible for maintaining standards by taking professional responsibility for updating their practice by:

- Reflecting on own / others prescribing practice;
- Updating their practice.

All nurses and pharmacists have a professional responsibility to keep themselves abreast of clinical and professional developments. Nurse and pharmacist prescribers will be expected to keep up-to-date with best practice in the management of conditions for which they may prescribe.

Non-medical prescribers are expected to keep a CPD portfolio, including a review of prescribing-related incidents and the learning from them.

The National Prescribing Centre (NPC) has produced *A Single Competency Framework for all prescribers* available from the NPC web site www.npc.co.uk which should be used to reflect on prescribing practice.

Following qualification, to ensure high standards of practice, there will be a period of preceptorship. The length of time of the preceptorship will be agreed between the line manager, the independent prescriber and the non-medical prescriber.

It is important that arrangements are in place prior to the start of NMP for regular individual and group clinical supervision in line with CWP supervision policy. Agreement should be reached with the non-medical prescriber's line manager and the consultant lead for the service where the non-medical prescriber will be working as to what will be appropriate clinical supervision. This clinical supervision will highlight any further training requirements and be a vehicle for CPD.

15. Sustaining independent prescribing status

Non-medical prescribers are to attend as many CPD opportunities as required to maintain their competencies.

16. Maintaining the NMP Register

An up-to-date register of non-medical prescribers will be maintained.

All changes of details are to be notified to the Personal Assistant to Deputy Director of Nursing and Therapies/ Associate Director of Nursing and Therapies NMP lead.

The non-medical prescriber register must contain:

1. Name.
2. Professional registration number.
3. Clinical speciality or service.
4. Date of NMP qualification.
5. Base and contact details of line manager.
6. Prescriber status.

(This information can be found on the 'Approval to Practice Form' appendix 2).

The non-medical prescriber must notify their line manager and the Personal Assistant to Deputy Director of Nursing and Therapies/ Associate Director of Nursing and Therapies lead of a change of details for any of the following:

1. Change of name
2. Change of base and contact number
3. Changes to professional registration number

The line manager must inform the NMP lead of any of the following:

1. Termination of employment
2. Suspension from practice

17. Clinical Effectiveness

The Trust has a responsibility to monitor clinical effectiveness in prescribing. This includes:

- Undertaking regular audits of prescribing under the direction of the Medicines Management Group;
- Providing appropriate support and supervision in practice to NMPs;
- Providing NMPs with access to and support by pharmacists;
- Developing and monitoring adherence to local evidence based medicines formularies.

18. Evidence Based Practice

All non-medical prescribers are to be included in the information circulated by the trust about national guidelines (e.g. NICE guidelines, NSFs or equivalents), local guidelines, local agreements and formularies.

Supplementary prescribers will ensure that Clinical Management Plans reference evidence based practice, e.g. NICE guidance, local Trust formulary or equivalent.

19. Key Performance Indicators

The implementation of this policy will be monitored against the following performance indicators.

- Number of declarations of competence completed
- Compliance with the National Clinicians Audit
- Each service line to provide an annual report detailing prescribing activity, to include increase or decrease in the number of prescribers to the NMP Strategy Group

20. Useful websites

The Non-Medical Prescribing Programme - Department of Health
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNon-MedicalPrescribingProgramme/DH_099234

Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England
http://www.prescribingforsuccess.co.uk/document_uploads/About/DHGuideApril06.pdf

Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: a guide for implementation - Department of Health
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNon-MedicalPrescribingProgramme/Supplementaryprescribing/DH_099272

Medicines Matters: A Guide to current mechanisms for prescribing, supply and administration of medicines - Department of Health
http://www.basics.org.uk/Document%20vault/medicines%20matter

Non-medical prescribing - National Prescribing Centre - Competency frameworks and other publications
http://www.npc.co.uk/improving_safety/improving_quality/index.php

Training non-medical prescribers in practice - National Prescribing Centre
http://www.npc.nhs.uk/non_medical/resources/designated_medical_practitioners_guide.pdf

Standards of proficiency for nurse and midwife prescribers
http://www.nmc-uk.org/Documents/Standards/nmcStandardsofProficiencyForNurseAndMidwifePrescribers.pdf

Mersey Care NHS Trust Non Medical Prescribing Policy. www.merseycare.nhs.uk

Drug Tariff http://www.ppa.org.uk/ppa/edt_intro.htm

21. Duties and Responsibilities

The Chief Pharmacist acts as the overarching lead for NMP across CWP supported by the Deputy Director of Nursing and Therapies and the Associate Director of Nursing and Therapies.

21.1 Chief Pharmacist

- Acting as the NMP lead (see above);
- Access to Prescribing Analysis and Cost (ePACT) Data where appropriate;
- Access to Patient Safety Notices, Drug Alerts and Hazard Warnings;
- Assisting in providing a regulatory / advisory role with regard to the policy application and application process;
- Ensuring all relevant information about prescribing is cascaded to all non-medical prescribers in their organisation;
- Assisting with the formulation of the NMP policy and strategy for CWP;
- Chairing the NMP strategy group which reports to the Medicines Management Group.

21.2 Deputy Director of Nursing & Therapies / Associate Director of Nursing & Therapies

- Formulating the NMP policy and strategy for CWP;
- Ensuring that appropriate healthcare professionals who meet the criteria are attending the NMP course;
- Being the named trust lead for liaison with the National Commissioning Board regarding non-medical prescribing;
- Providing a regulatory / advisory role with regard to the policy application and the application process;
- The selection of candidates for the NMP course;
- Ensuring appropriate policies are in place for the practice of non-medical prescribing;
- Ensuring arrangements are in place for prescribers to have access to CPD for maintaining their prescribing competence;
- Ensuring arrangements for CPD days are commissioned and delivered;
- Commissioning the required number of places for NMP programme in line with service developments;
- Commissioning the Psychopharmacology course as a requirement for mental health staff becoming non-medical prescribers;
- Supporting the chief pharmacist in the role of NMP lead by attending relevant external NMP meetings / events and deputising where necessary.

21.3 Line Manager

- Supporting the necessary application procedure (appendix 1);
- Ensuring the approval to practice form is completed on qualification and then annually (appendix 2);
- Providing a locked facility for the safe and secure storage of prescription pads;
- Assigning a prescribing budget (if appropriate);
- Regular review/monitoring of prescribing of NMPs under their supervision;
- Supporting prescribers to attend Clinical Supervision/ Learning Sets for prescribing;
- Ensuring the prescriber's personal development plan (PDP) is supported and includes NMP activity;
- The operational implementation of this policy and for ensuring only members of staff who have been appropriately trained and assessed as competent undertake any medicine related activities. They are also responsible for taking appropriate action should any breach of this policy occur;
- Ensuring that staff involved in NMP have current registration with the appropriate body;
- Ensuring that members of staff are aware of their roles and responsibilities in relation to controlled drug activities;
- Ensuring arrangements are in place for prescribers to have access to CPD for maintaining their prescribing competence;

- Ensuring that appropriate healthcare professionals who meet the criteria are attending the NMP course that they are booked onto;
- Informing relevant Agency Office Services (Cheshire Health Agency or Central Operations Merseyside) of prescription theft (see appendix 3 or appendix 4 for details).

21.4 The Non-Medical Prescribers

- Adhere to the relevant regulatory frameworks in relation to Standards of Practice;
- Ensure that they provide appropriate, evidence based, safe and cost effective prescribing to their patients/clients at all times;
- Adhere to their professional code of conduct and to their employing/ contracting trust's policy on non-medical prescribing;
- Act only within and not beyond the boundaries of their knowledge and competence;
- Ensure that their patients are made aware of the scope and limits of NMP and to ensure patients understand their rights in relation to NMP (patients have the right to refuse treatment / prescribing);
- Take responsibility for their own learning and development and access appropriate CPD opportunities etc;
- Ensure patients understand the procedure and employ signing/translators/interpreters where appropriate;
- Adhere to local prescribing guidelines (e.g. primary care formularies for antibiotics) as well as CWP guidelines and the CWP medicine formulary.

21.5 Personal Assistant to Deputy Director of Nursing and Therapies/ Associate Director of Nursing and Therapies

- Acting as the NMP administrator;
- Maintaining a current register of non-medical prescribers;
- Collating BNF orders and distribution in conjunction with the pharmacy team secretary;
- Maintaining annual declarations of competence from all NMPs;
- Ensuring a completed copy of competence form is sent to line manager.

Appendix 1 - Application process summary

NMP applicant must read the NMP Policy and NMP Strategy Document

▼

NMP applicant must have discussed NMP with service manager

▼

There is a prerequisite that all CWP staff should complete the CWP recommended Medicines Management Module through Chester University before embarking on the NMP course (there are some exceptions, discuss with the NMP lead), please contact L&D

▼

Service Manager supports the applicant's request and confirms a designated role has been identified

▼

A mentor needs to be identified for the NMP Applicant (Medic)

▼

Applicant needs to review information online at http://www.hecooperative.co.uk/available-courses/1160info/how-apply and click on "How to Apply" to complete the 15 page nomination form for NMP. Section 2 of this form is to be completed by applicant's Manager. There is a link to this on the L&D Apply Intranet page.

Applicant must have a CRB that is less than 3 years old. Applicants must complete and pass the online numeracy assessment with 80% pass rate before starting the course (password set up by the NMP lead for each applicant). This nomination form needs to be signed by the NMP lead and the Deputy Director of Nursing & Therapies / Associate Director of Nursing & Therapies.
A copy is then sent to the University

▼

Applications for the NMP module must be completed via the electronic tool CPD Apply NW which can be found at www.cpd-applynw.nhs.uk or follow the link via the L&D intranet page.
Before completing the application view the training video on this website. Click on 'apply here' to complete the on-line application. Once the on-line form is completed, the Applicant's Manager will receive a 'request for approval' email, this must be approved as soon as possible. This application is automatically sent to admin (L&D) for approval and is then sent to the HEI for approval

▼

NMP Lead's Responsibilities

▼

The NMP leads (physical health / MH) maintains a register of all NMPs (this includes professional registration paperwork, certificates, approval to practice form and any letters/communications

▼

Once applicant's paperwork has been processed upon qualification, NMP lead sends a letter to them confirming their registration on the CWP NMP Register of Prescribers

▼

The NMP lead sends letters advising of applicant's NMP qualification to their line manager, medic mentor, HR & Medicines Management lead / PCT NMP Lead at relevant PCT

Applicant's Responsibilities

▼

The NMP applicant will complete Approval to Practice form (Appendix 2) in discussion with the NMP lead and forward to NMP lead for sign off. Nurse NMPs must have this form counter-signed by the Deputy Director of Nursing & Therapies/Associate Director of Nursing & Therapies

▼

The applicant's job description must be updated to include prescribing as part of clinical practice.
Adequate professional indemnity insurance should be in place.

▼

The applicant will now have authority to prescribe under their agreed areas of competence as annotated in the Approval to Practice Form

Appendix 2 - Non-Medical prescribing approval to practice form

Part 1 of 4 Independent prescribers MUST complete all parts. Community practitioner nurse prescribers (CPNPs) MUST complete parts 1 and 4 only			
Prescriber's Name (please print)		Clinical speciality or service	
Prescriber status	☐ Independent ☐ CPNPs ☐ Supplementary	Base / practice	
		Contact telephone number	
		Professional registration number	
Email Address		Date of NMP qualification	
Are you prescribing	Manually ☐ Electronically ☐ (please cross ☒ relevant box)		

Prescribing Areas of Practice

Competency is defined by appropriate qualifications, additional post registration courses, clinical reflection / supervision and other evidence of continuing professional development. This includes taking into account the Nursing & Midwifery Council Circular 22/2007 – Prescribing for Children & Young People.

"Drugs listed within a particular BNF sub chapter may be restricted by law to certain prescribers for treatment of certain conditions e.g. prescribing of diamorphine, dipipanone or cocaine for the treatment of addiction. NMPs should be aware of such restrictions when they are completing the form"

Part 2 of 4
Prescribing Formulary

The following areas of practice have been identified as appropriate for non-medical prescribing, in line with the British National Formulary categories. ***Please cross each box (☒) as appropriate.***

1. Gastro – intestinal System		**2. Cardiovascular System**	
1.1 Dyspepsia & gastro-oesophageal reflux disease	☐	2.1 Positive inotropic drugs	☐
1.2 Antispasmodics & other drugs altering gut motility	☐	2.2 Diuretics	☐
1.3 Antisecretory drugs & mucosal protectants	☐	2.3 Anti-arrhythmic drugs	☐
1.4 Acute diarrhoea	☐	2.4 Beta-adrenoceptor blocking drugs	☐
1.5 Chronic Bowel Disorders	☐	2.5 Hypertension & heart failure	☐
1.6 Laxatives	☐	2.6 Nitrates, calcium-channel blockers & other antianginal drugs	☐
1.7 Local preparations for anal & rectal disorders	☐		
1.8 Stoma care	☐	2.7 Sympathomimetics	☐
1.9 Drugs affecting intestinal secretions	☐	2.8 Anticoagulants & protamine	☐
		2.9 Antiplatelet drugs	☐
		2.10 Myocardial infarction & fibrinolysis	☐
		2.11 Antifibrinolytic drugs & haemostatics	☐
		2.12 Lipid-regulating drugs	☐
		2.13 Local sclerosants	☐

3. Respiratory system		**4. Central Nervous System** (see Part 3 for controlled drug prescribing)	
3.1 Bronchodilators	☐	4.1 Hypnotics & anxiolytics	☐
3.2 Corticosteroids	☐	4.2 Drugs used in psychoses & related disorders	☐
3.3 Cromoglicate & related therapy & leukotriene receptor antagonists	☐	4.3 Antidepressant drugs	☐
3.4 Antihistamines, hypo sensitisation & allergic emergencies	☐	4.4 CNS stimulants & drugs used for attention deficit hyperactivity disorder	☐
3.5 Respiratory stimulants & pulmonary surfactants	☐	4.5 Drugs used in the treatment of obesity	☐
3.6 Oxygen	☐	4.6 Drugs used in the nausea & vertigo	☐
3.7 Mucolytics	☐	4.7 Analgesics	☐
3.8 Aromatic inhalations	☐	4.8 Antiepileptic Drugs	☐
3.9 Cough preparations	☐	4.9 Drugs used in parkinsonism & related disorders	☐
3.10 Systemic nasal decongestants	☐	4.10 Drugs used in substance dependence	☐
		4.11 Drugs for dementia	☐
5. Infections		**6. Endocrine system**	
5.1 Antibacterial drugs	☐	6.1 Drugs used in diabetes	☐
5.2 Antifungal drugs	☐	6.2 Thyroid & antithyroid drugs	☐
5.3 Antiviral drugs	☐	6.3 Corticosteroids	☐
5.4 Antiprotozoal drugs	☐	6.4 Sex hormones	☐
5.5 Anthelmintics	☐	6.5 Hypothalamic & pituitary hormones & anti-oestrogens	☐
		6.6 Drugs affecting bone metabolism	☐
		6.7 Other endocrine drugs	☐
7. Obstetrics, gynaecology & urinary-tract disorders		**8. Malignant disease & immunosuppression**	
7.1 Drugs used in obstetrics	☐	8.1 Cytotoxic drugs	☐
7.2 Treatment of vaginal & vulval conditions	☐	8.2 Drugs affecting the immune response	☐
7.3 Contraceptives	☐	8.3 Sex hormones & hormone antagonists in malignant disease	☐
7.4 Drugs for genito-urinary disorders	☐		
9. Nutrition & blood		**10. Musculoskeletal & joint diseases** (see Part 3 for controlled drug prescribing)	
9.1 Anaemias & some other blood disorders	☐	10.1 Drugs used in rheumatic diseases & gout	☐
9.2 Fluids & electrolytes	☐	10.2 Drugs used in neuromuscular disorders	☐
9.3 Intravenous nutrition	☐	10.3 Drugs used for the relief of soft-tissue inflammation	☐
9.4 Oral nutrition	☐		
9.5 Minerals	☐		
9.6 Vitamins	☐		
9.7 Bitters & tonics	☐		
9.8 Metabolic disorders	☐		

11. Eye		**12. Ear, nose and oropharynx**	
11.2 Control of microbial contamination	☐	12.1 Drugs acting on the ear	☐
11.3 Anti-infective eye preparations	☐	12.2 Drugs acting on the nose	☐
11.4 Corticosteroids and other anti-inflammatory preparations	☐	12.3 Drugs acting on the oropharynx	☐
11.5 Mydriatics and cycloplegics	☐		
11.6 Treatments of glaucoma	☐		
11.7 Local anaesthetics	☐		
11.8 Misc. ophthalmic preparations	☐		
11.9 Contact lenses	☐		
13. Skin		**14. Immunological Products & Vaccines**	
13.2 Emollient & barrier preparations	☐	14.4 Vaccines and antisera	☐
13.3 Topical local anaesthetics & antipruritics	☐	14.5 Immunoglobulins	☐
13.4 Topical corticosteroids	☐	14.6 International travel	☐
13.5 Preparations for eczema & psoriasis	☐		
13.6 Acne & rosacea	☐	**15. Anaesthesia**	
13.7 Preparations for warts & calluses	☐	15.2 Local anaesthesia	☐
13.8 Sunscreens & camouflages	☐		
13.9 Shampoos & other preparations for scalp & hair conditions	☐		
13.10 Anti-infective skin preparations	☐		
13.11 Skin cleansers & antiseptics	☐		
13.12 Antiperspirants	☐		
13.13 Topical circulatory preparations	☐		
16. Other (please provide details)			

NB Prescribers are reminded to comply with local (e.g. primary care formularies) and CWP (e.g. antipsychotic formularies) prescribing guidelines

Controlled drugs (Part 3 of 4)

The “formulary use” column to be crossed (x) if prescribing this controlled drug as part of the NMP’s formulary. Each service should have an agreed set of guidance notes that outline how controlled drugs are monitored and prescribed by the NMPs within that service

BNF sub chapter	Drug	CD class	CWP Prescribing Guidance	Formulary use (x)
4.1.1 Hypnotics	Nitrazepam	S4-1	Less suitable for prescribing	
	Flurazepam	S4-1	Less suitable for prescribing	
	Loprazolam	S4-1	Less suitable for prescribing	
	Lormetazepam	S4-1	Less suitable for prescribing	
	Temazepam	S3	Exempt from prescription writing requirements	
	Zopiclone	S4-1	Short term use up to 4 weeks	
	Sodium oxybate	S4-1	Narcolepsy with cataplexy	
4.1.2 Anxiolytics	Diazepam	S4-1	Prescribe only 2mg strength	
	Alprazolam	S4-1	Preparations not available for NHS prescribing	
	Chlordiazepoxide	S4-1	Prescribe only after initiation by specialist services	
	Lorazepam	S4-1	Short term use in anxiety or insomnia	
	Oxazepam	S4-1	Short term use in anxiety	
	Meprobamate	S3	Less suitable for prescribing	
4.1.3 Barbiturates			Less suitable for prescribing, should not be initiated. Named patient basis for insomnia, phenobarbitone may be prescribed for epilepsy.	
4.4 CNS stimulants	Dexamfetamine	S2	Prescribe only after initiation by specialist services	
	Methylphenidate	S2	Prescribe only after initiation by specialist services	
4.6 Nausea & Vertigo	Nabilone	S2	Chemotherapy induced nausea. Secondary care setting	
4.7.2 Opioid analgesics	Buprenorphine	S3	Less suitable for prescribing. Use for addiction only by specialist services.	
	Cocaine	S2	For treating organic disease or injury only. Cannot be prescribed for treatment of addiction.	
	Diamorphine	S2	For treating organic disease or injury only. Cannot be prescribed for treatment of addiction.	
	Dipipanone	S2	Less suitable for prescribing. For treating organic disease or injury only. Cannot be prescribed for treatment of addiction.	
	Fentanyl	S2	Matrifen formulary choice for patch. All other preps apart from Abstral (Hospice initiation and titration) are non formulary	
	Hydromorphone	S2	For severe pain in cancer	
	Methadone	S2	Less suitable for prescribing unless for substance dependence	

BNF sub chapter	Drug	CD class	CWP Prescribing Guidance	Formulary use (x)
	Morphine	S2	First line formulary choice, (Zomorph preferred formulary oral prepn) Oramorph 10mg/5ml is not a controlled drug preparation	
	Oxycodone	S2	Should not be used first line. Oxycodone/naloxone (Targinact) preps are non formulary	
	Papaveretum	S2	Less suitable for prescribing	
	Pentazocine	S3	Less suitable for prescribing	
	Pethidine	S2	Use for addiction only by specialist services.	
	Tapentatol	S2	Non formulary	
4.8.1 Control of the epilepsies	Clonazepam	S3	Prescribe only after initiation by specialist services	
	Phenobarbital	S3	Prescribe only after initiation by specialist services	
4.8.2 Drugs used in status epilepticus	Clonazepam	S3	Prescribe only after initiation by specialist services	
	Diazepam	S4-1	Inj, rectal tubes	
	Lorazepam	S4-1	Prescribe only after initiation by specialist services	
	Midazolam	S3	Prescribe only after initiation by specialist services	
	Phenobarbital		Inj Prescribe only after initiation by specialist services	
4.10.3 Opioid dependence	Buprenorphine	S3	Use for addiction only by specialist services.(CWP drugs service)	
	Methadone	S2	Use for addiction only by specialist services. (CWP drugs service)	
10.2.2 Skeletal muscle relaxants	Cannabis extract	S1	Sativex prescriptions to comply with S2 requirements as legal status under Home Office review	

Summary Guidance for Controlled drug prescribing

Prescriptions for Controlled Drugs that are subject to prescription requirements (i.e. all preparations in Schedules 2 and 3, except temazepam) must:

- Be indelible;
- Be signed by the prescriber;
- Be dated;
- Specify the prescriber's address.

The prescription must always state:

- The name and address of the patient;
- The name, form and strength of the preparation;
- The dose; "As directed" is not legally acceptable however "One as directed" is legally acceptable either;
- The total quantity (in both words and figures) of the preparation, or

- The number (in both words and figures) of dosage units, as appropriate, to be supplied; in any other case, the total quantity (in both words and figures) of the Controlled Drug to be supplied.

A pharmacist is **not** allowed to dispense a Controlled Drug unless all the information required by law is given on the prescription.

In the case of a prescription for a Controlled Drug in Schedule 2 or 3, a pharmacist can amend the prescription if it specifies the total quantity only in words or in figures or if it contains minor typographical errors, provided that such amendments are indelible and clearly attributable to the pharmacist.

Failure to comply with the regulations concerning the writing of prescriptions will result in inconvenience to patients and delay in supplying the necessary medicine. A prescription for a Controlled Drug in Schedules 2, 3, or 4 is valid for 28 days from the date stated thereon.

Prescriptions ordering 'repeats' on the same form are **not** permitted for Controlled Drugs in S2 or 3.

Guidance (June 2006) issued by the Department of Health in England on prescribing and dispensing of Controlled Drugs requires that in general, prescriptions for Controlled Drugs in Schedules 2, 3, and 4 to be limited to a supply of up to 30 days' treatment; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision should be recorded on the patient's notes

Declaration of competence (Part 4 of 4)

Declaration of competence to practice - In line with the Trust's non-medical prescribing policy, I have discussed and agreed my areas of practice and I have maintained my competency to do so.					
Name of Prescriber		Signature of Prescriber		Date	
Name of Line Manager		Signature of Line Manager		Date	

Approved by Deputy Director of Nursing & Therapies or Associate Director of Nursing & Therapies

Print name		Signature		Date	

Approved by Chief Pharmacist (Trust NMP lead)

Print name		Signature		Date	

Second year declaration of competence to practice (if no change to areas of competence)					
Name of Prescriber		Signature of Prescriber		Date	
Name of Line Manager		Signature of Line Manager		Date	

Approved by Deputy Director of Nursing & Therapies or Associate Director of Nursing & Therapies

Print name		Signature		Date	

Approved by Chief Pharmacist (Trust NMP lead)

Print name		Signature		Date	

Third year declaration of competence to practice (if no change to areas of competence)					
Name of Prescriber		Signature of Prescriber		Date	
Name of Line Manager		Signature of Line Manager		Date	

Approved by Deputy Director of Nursing & Therapies or Associate Director of Nursing & Therapies

Print name		Signature		Date	

Approved by Chief Pharmacist (Trust NMP lead)

Print name		Signature		Date	

Fourth year declaration of competence to practice (if no change to areas of competence)					
Name of Prescriber		Signature of Prescriber		Date	
Name of Line Manager		Signature of Line Manager		Date	

Approved by Deputy Director of Nursing & Therapies or Associate Director of Nursing & Therapies

Print name		Signature		Date	

Approved by Chief Pharmacist (Trust NMP lead)

Print name		Signature		Date	

Fifth year declaration of competence to practice (if no change to areas of competence)					
Name of Prescriber		Signature of Prescriber		Date	
Name of Line Manager		Signature of Line Manager		Date	

Approved by Deputy Director of Nursing & Therapies or Associate Director of Nursing & Therapies

Print name		Signature		Date	

Approved by Chief Pharmacist (Trust NMP lead)

Print name		Signature		Date	

Please return completed paper and electronic forms to: Personal Assistant to Deputy Director of Nursing and Therapies/ Associate Director of Nursing and Therapies, Cheshire & Wirral Partnership NHS Foundation Trust Board Offices, Upton Lea Countess of Chester Health Park Liverpool Road, Chester CH2 1BQ Tel: 01244 397662.

Two copies of completed forms (with signatures of Chief Pharmacist and Nursing Director) should then be returned to the relevant line manager and non-medical prescriber.

Appendix 3 - Prescription pad ordering and issuing procedure (Mental health)

1. Ordering New Pads

Prescription pads will need to be ordered by the authorised signatories for each clinic / outpatient cost centre by completing the appropriate form (see form embedded below for 'Ordering FP10HNC prescription pads') and posting or faxing it to the Chief Pharmacist's office.

ALL ORDERS FOR NEW PADS WILL NEED TO ALLOW 10 WORKING DAYS TO BE PROCESSED.

2. Issuing new pads

The pharmacy team secretary will check the signature on the request form against our record of "Authorised Signatories" on receipt of the request (folder with this information is kept on the top shelf in the admin office).

The number of prescription pads requested will be issued and recorded in the "Issuing Database". Each pad has individual identifying serial numbers. The identifying serial numbers on the prescriptions issued will also be logged on the database. (This Access data base is in the y drive, general folder in the prescription pad folder.)

If the number of pads requested seems excessive,(higher than 5 except for memory clinics who request approx 10 pads at a time) based on the number of prescribers using the pads and the frequency of requests, this will be investigated before any further prescription pads are issued.

The pads will be sent to the authorised signatory with a "receipt" to acknowledge the order along with a "return receipt" which must be completed and returned to the Chief Pharmacist's office to acknowledge receipt of the pads (see form 'Receipt of Issue of New Prescription Pads').

3. Collection / delivery of new pads

Prescription pads will be delivered in one of the following ways:

- In a special sealed wallet via the internal Trust post which must be returned with the "return receipt" inside it to the Chief Pharmacist's office within 3 working days of receiving the pads;
- Collected in person by the authorised signatory, who will sign for them on the "return receipt".

4. Security of pads and their storage

Prescription pads are classed as "**Controlled Stationery**", as such should only be handled by authorised persons.

Prescription pads are a dangerous and valuable commodity in the wrong hands. If they go missing from the clinic area that they are used in or not received by the requesting signatory within 5 working days of expected receipt, the appropriate health authority will need to be informed (see item 6).

Prescription pads should always be locked away in a secure cupboard or drawer that has restricted access when they are not in use.

Prescription pads should be returned to the secure cupboard/drawer at the end of the clinic session.

It is the authorised signatories and prescribers who are ultimately responsible for the security of these pads once they have been issued by the Chief Pharmacist's office.

A record of the prescription issued must be kept. The acceptable forms of recording would be:

- A photocopy held in a folder; or
- Details copied into a hard bound book;
- Electronic healthcare record.

The minimum requirements that must be recorded are the name and address of the patient and the serial number of the prescription.

This also applies to discarded prescriptions. This book/folder should be kept with the prescription pad for security.

5. New prescription pad cost centre requests

If a new cost centre is required i.e. a new clinic is established that needs a prescription pad for issuing medicines, a formal request in writing needs to be addressed to the Chief Pharmacist from the Divisional Directorate Manager.

This should state the reasons why one is required and what budget has been identified to pay for the medicines.

Once this has been approved the following procedure is to be followed:

- The pharmacy team secretary will contact Gill Kelly who is the Trusts OC1 with all the details relating to the new prescription pad, Gill will then make the request via the ODS helpdesk stating that the codes are required for ePACT purposes;
- Once a code has come back from the ODS, Gill will inform the team secretary who will then fill in an authorisation form (form embedded below) with all the requesting team details and forward it on to the PPA via email with a copy of the authorisation spreadsheet sent by the ODS, The process can take up to a week for all amendments to be made so that the pads can be ordered;
- The Chief Pharmacist will then place an order through 3M, NHS forms for the FP10 prescription pads via the NHS forms ordering website;
- The requesting team will be sent the forms embedded below to complete in regards to ordering of FP10 pads;
- On delivery of FP10 pads a signature for receipt of goods is required;
- Delivery note is checked against goods received;
- FP10 pads are then stored away in a secure cupboard in the Chief Pharmacists office in a folder addressed with the FP10 code;
- A sheet in the folder is filled in with the date and amount of FP10 pads received which is also to be filled in with details of prescription requests.

6. Missing prescriptions

If a prescription goes missing or a pad is being fraudulently used by a prescriber this needs reporting in the first instance to the Chief Pharmacist's office at 2nd Floor, Bowmere Hospital, Chester.

6a - For Cheshire the form embedded below is to be completed by the team manager and sent to the Cheshire Health Agency, who will then send an alert out to make community pharmacists aware of this so they do not dispense the prescriptions.

6b - For Wirral the team manager is to go through Central Operations Mersey (COM) the contact is Paul Carverry or Clare O'Toole who can be contacted on 0151 2967093 or on paul.carverry@centralops-mersey.nhs.uk or alternatively Clare.O'toole@centralops-mersey.nhs.uk

Appendix 4 - Prescription Pad Process (Physical Health)

1. Ordering new Pads

The Administrator is the authorised signatory for ordering prescription pads.

Once a community nurse has qualified and is registered with NMC and PPA their information will be passed to the Administrator who will order a prescription pad. Prescription pads usually take between 10 working days.

Prescription Pads are received into the 1829 Building by Office Services, Cheshire Health Agency (CHA). Office Services will inform the Administrator that they have been received. The Administrator will sign for receipt of the Prescription Pad(s).

Prescription Pads are kept in a locked filing cabinet in Safe Haven on the Community Services Floor.

2. Issuing new Pads

The PA to Deputy Director of Operations is the authorised deputy for issuing pads should the administrator not be available. Only one prescription pad will be issued / kept in stock unless agreed in advance.

3. Collection of new pads

Community Nurses will sign a sheet which also gives the Prescription Pad number to state they have collected their pad(s). Once a pad(s) have been issued the administrator is informed and a replacement is ordered immediately to ensure there is always stock when required

4. Security of Pads and their storage

It is the responsibility of the Nurse Prescriber to ensure the security of their prescription pad at all times. The prescription pad must only be produced when needed and must never be left unattended. Under no circumstances should blank prescription forms be pre-signed before use. When not in use the prescription pad must be stored in a locked cupboard/drawer/filing cabinet or safe.

5. Missing prescriptions

If a Prescription or Prescription Pad should go missing or fraudulently used by a prescriber this needs to be reported immediately to their line manager. The attached form should be completed and sent to CHA for an alert to be sent out to all community pharmacists to be made aware and not to dispense against the prescription.