NHS
Coventry and Warwickshire
Integrated Care Board

Policy for Non-Medical Prescribing in General Practice

Reference Number:	This will be applied to all new ICB-wide PPSs by the Governance and Corporate Affairs Team and will be retained throughout its life span.
Version:	Version 1.1
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Expiry Date:	5th July 2025
Name of author and title:	NMP Steering Group
Name of reviewer and title:	Natasha Jacques Lead Medicines Optimisation Pharmacist
Department:	Corporate Office

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
09.01.2022	1.1	Addition of staff included in scope of policy Updated contact details Updated details on availability of NMP prescribing data via MedOptimise® Updated links to references Updated appendices Updated EQIA	Non-Medical Prescribing steering group Policy Development Group

Contents

1. Introduction and Background

1.1. The proposals for non-medical prescribing were first introduced after the Review of Prescribing, Supply and Administration of Medicines, chaired by Dr June Crown CBE when district nurses and health visitors were allowed to prescribe from a limited list of medication in 1998.

1.2. In 2001 non-medical prescribing was extended and the Extended Formulary for Nurses was introduced which allowed trained nurse prescribers to prescribe for a limited list of conditions from an extended formulary. In April 2003 regulations came into force for Nurse and Pharmacist Supplementary Prescribing so that after an initial assessment of a patient by a doctor, the Non-Medical Prescriber (NMP) could prescribe for that patient in accordance with a clinical management plan (CMP).

1.3. In 2006 regulations allowed pharmacists and nurses to practice as Independent Prescribers and to prescribe, within their competency, licensed Prescription Only Medicine (POM), Pharmacy medicine (P) & General Sales List medicine (GSL) on FP10.

1.4. Non-medical prescribing now includes; radiographers, dieticians, optometrists, podiatrists, physiotherapists and paramedics, as well as nurses and pharmacists.

2. Purpose and Scope

2.1. This supports the practice of non-medical prescribing in Coventry and Warwickshire Integrated Care Board ("the ICB") commissioned primary care settings.

2.2. This includes:

- Nurse Independent Prescribers (formerly known as extended formulary nurse prescribers (EFNP) or nurse prescriber (NP) – V300)
- Supplementary prescribing by nurses (SPN)
- Community Practitioner Nurse Prescribers (formerly known as District Nurse or Health Visitor Prescribers – V100 or V150)
- Independent or Supplementary prescribing by pharmacists
- Emergency Nurse Prescribing (including emergency care practitioners)
- Prescribing by other Allied Health Professionals e.g., dieticians, optometrists, physiotherapists, pharmacists, paramedics.

2.3. This policy covers the registration, practice and clinical governance of all Non-Medical Prescribers and it operates in conjunction with the NMP's own provider prescribing policies, procedures and frameworks.

3. Responsibilities

3.1. Prescribers must act in accordance with the standards set by their registering body for prescribing and comply with their registration requirements.

3.2. Practitioners must act within their own professional competence and expertise when prescribing.

3.3. Prescribing must be a recognised function of the job role and specifically included within the practitioner's job description.

3.4. The ICB will process and co-ordinate the new prescriber details and declaration of competence.

3.5. The ICB will register new prescribers with NHS Business Services Authority (NHSBSA). This can only be done by a ICB authorised signatory, please complete appendix 1 to activate registration procedure.

3.6. The prescribing trends of all NMPs within the ICB must be monitored by the appropriate Medicines Optimisation team.

3.7. For NMPs it is important that competency areas are clear and kept up to date.

3.8. Other employing organisations will monitor NMPs in accordance with their internal governance processes.

3.9. Prescribers must comply with the Coventry and Warwickshire APC formulary;

Coventry and Warwickshire Area Prescribing Committee Formulary (covwarkformulary.nhs.uk)

4. Definitions

4.1. **Prescribing** means ordering the use of a medicine or other treatment.

4.2 **Community Practitioner Nurse Prescribers** (formerly known as district nurse and health visitor prescribers) - Following training, which is incorporated into the initial preparation of district nurses and health visitors, these groups of nurses and new community prescribers who have completed V150 training can prescribe from the Nurse Prescribers Formulary for Community Practitioners Details of this formulary, which consists of appliances, dressings and some medicines are found at the back of the BNF under Nurse Prescribers' Formulary Appendix and Part XVIIB(I) of the Drug
Tariff.

4.3. **Nurse Independent Prescribers** (formerly known as Extended Formulary Nurse Prescribers) - Nurses and midwives who are on the relevant parts of the Nursing and Midwifery Council (NMC) register may train to prescribe any licensed medicine for any medical condition,

including some Controlled Drugs (see current guidance) Independent prescribers must work within their own level of professional competence and expertise.

4.4. **Independent prescribing** - This term applies to a prescriber who is legally permitted and qualified to prescribe and take the responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required. Independent prescribers are also responsible and accountable for their own prescribing decisions. They can prescribe any licensed medicine for any medical condition including Controlled Drugs (in accordance with their professional group)

4.5. **Supplementary prescribing** - Supplementary prescribing is defined as a voluntary partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific Clinical Management Plan, with the patient's agreement. The key principles of supplementary prescribing emphasise the importance of communication between the prescribing partners, the need for access to shared patient records and that the patient is treated as a partner in their care.

4.6. **Prescription forms (NHS England)** - NHS English 'FP10' secure prescription forms are numbered and have anti-counterfeiting and anti-forgery features. They are purchased by ICB and hospitals via a secure ordering system and distributed free. The range of prescription forms used by GPs, nurses, NHS dentists and other prescribers is listed on the NHSBSA website.

4.7. **Electronic Prescribing Service (EPS)** is a way of issuing prescriptions and electronic signing of prescriptions represents the prescriber's authorisation. It will be important to bear in mind the following:

- Prescriptions electronically sent to the NHS spine for access by the dispensing pharmacy, must be authorised by the prescriber and this is represented by the electronic signature.
- The signature must not be used by any other person than the authoriser.
- The electronic signature must be stored in a password protected area.
- The practice must have a robust protocol for the electronic issue of prescriptions including repeat dispensing which meets clinical governance and risk management issues.

5. Staff Eligible to become Prescribers

5.1. Practitioners who satisfy ALL the following conditions will be entitled to prescribe as Non-Medical Prescribers, with costs allocated to the ICB's prescribing budget:

- Works within a GP practice setting, Prescription Ordering Direct (POD) team or other approved cost centre within the ICB area;
- Has successfully completed an approved prescribing / extended prescribing training course;
- Is registered with the appropriate regulatory body (e.g., NMC, GPhC) as a prescriber.
- Is authorised/required by the employing authority to prescribe;

- ✓ Must have a statement in their job description permitting them to prescribe;
- ✓ Is authorised by the ICB to register with the NHSBSA (completion and submission of form Appendix 1)
- ✓ Has appropriate indemnity to cover prescribing activity.

6. Registration with Professional Body on Completion of Course

6.1. The prescriber must register as such with the appropriate professional regulatory body before commencing their prescribing role. Details of the registration process are normally given by the course provider but can also be obtained from the appropriate regulatory body.

7. Registration with Employing Organisation and Management of Prescription Pads

7.1. The prescriber and their line manager must update and agree the prescriber's job description to reflect their new role and prescribing responsibilities before prescribing is undertaken

7.2. New employees should have their prescribing qualification checked at interview stage and verified before employment, if this constitutes part of their job description and is the responsibility of the employing organisation.

7.3. A Disclosure and Barring Service (DBS) check must be undertaken by the employing organisation. In addition, a relevant job description which identifies the scope of practice/prescribing and appropriate professional indemnity cover will be required.

7.4. It is essential that mechanisms for clinical mentorship, competency maintenance and second opinion referral are in place.

7.5. In order to allocate the prescriber to an ICB NHSBSA GP practice and cost centre, prescribers and their employers must complete the Approval of Non-Medical Prescriber's Competence and Scope of Practice form (Appendix 1) and send this via email to cwicb.prescribingadmin@nhs.net

7.6. The ICB are responsible for ensuring appropriate coordination and checking of Non-Medical Prescribers' approval and competence declaration (Appendix 1).

7.7. Documentation must be prepared for submission by the ICB Authorised Signatory in order to ensure that all NMPs in general practice are registered with the NHS Business Services Authority (NHSBSA). NMPs should not start prescribing until confirmation received that they are registered with the NHSBSA.

7.8. It is the responsibility of the employing organisation to ensure that professional registration is maintained both as part of the pre-employment checks, and on an annual basis according to the prescriber's date of registration expiry.

8. Ordering of Prescription Pads

8.1. **Non-Medical prescribers employed by general practices:**
Once the prescriber has been registered and authorised by the ICB and NHSBSA, prescription pads are to be ordered following the same process as GP prescription pads ordering.

8.2. **Non-Medical prescribers employed by other providers:**
Non-Medical prescribers employed by other providers: Refer to internal employers' governance arrangements and policies.

9. Prescribers Leaving Employment/Change of Role/Competency

9.1. Within general practice the practitioner must inform the ICB of any change in circumstances (e.g., change of name, end of employment) using either Appendix 2 or 3 as appropriate. The appropriate paperwork must be submitted to the NHSBSA by the ICB, to ensure that all NMPs in general practice are registered/deregistered with the NHSBSA.

9.2. The ICB must be informed of changes of circumstances contemporaneously.

9.3. It is the responsibility of the prescriber to ensure that prescription pads are securely destroyed in line with local policy. The person who destroys the forms will make a record of the serial numbers of the forms destroyed which will be kept for 18 months. This will help to resolve any queries that may be received from the NHSBSA.

9.4. Prescribers employed directly by other healthcare providers will follow their own policy and processes for ordering and managing prescription pads.

9.5. The practice should deactivate the prescriber once they leave the practice from the practice software system to ensure no further prescriptions or repeats can be issued under the prescriber's PIN number

10. Indemnity Insurance and Legal Liability

10.1. All providers employing NMPs must ensure that appropriate indemnity insurance and legal liability are in place.

11. Prescribing

11.1. All NMPs hold individual clinical liability for undertaking the assessment and follow up of all patients for whom they may prescribe.

11.2. Prescribers may:

- Prescribe for patients registered with GP practices for whom the ICB has set the NHS prescribing budget;
- Prescribe for visitors if they are temporarily registered with a GP practice within the ICB;
- Prescribe for travellers where this forms part of the prescribers' roles and responsibilities and is included in their job description;
- Prescribe for patients outside the ICB area where this has been agreed as part of a service level agreement with another organisation for service provision.

11.3. The prescriber must prescribe only for the specific patient. Those prescription items belong to the patient and are not transferable.

11.4. Prescribers may prescribe the same item on more than one occasion if it is deemed clinically appropriate.

11.5. Prescriptions will be either handwritten or computer generated and must be signed and dated by the prescriber.

11.6. Controlled Drugs must only be prescribed in accordance with the current legislation and best practice where there is a clinical need. Prescribers should not routinely prescribe and administer controlled drugs. In exceptional circumstances where a NMP is involved in both prescribing and administering a patient's controlled drug, a second suitably competent person must be involved in checking the accuracy of the medication provided

11.7. Prescribers must comply with the Coventry & Warwickshire APC formulary and document use of any non-formulary or unlicensed prescribing.

12. Documentation and Record Keeping

12.1. All prescribers are required to keep records, which are accurate, unambiguous and legible in line with requirements of the registering body standards for records. Prescribers have a duty to keep up to date with, and adhere to, relevant legislation, case law, and national and local policies relating to information (including the General Data Protection Regulation) and record keeping.

12.2. Any item prescribed by a designated NMP must be entered into all patient records within 24 hours. Where it is not possible to enter details into records directly, the information should be passed on to the appropriate person with this authority (e.g., a secure, electronic letter via email to a patient's GP). If it is not possible to locate a patient's GP (e.g., travellers) then a record must be made in the prescriber's records and include the patient's name, date of birth, address where seen, details of prescription, date given.

13. Security and Safe Handling of Prescription Pads

13.1. It is the responsibility of each NMP to always ensure the security of the prescription pads.

13.2. Prescription pads are controlled stationery (i.e., stationery which, in the wrong hands, could be used to obtain medicines and/or medical items fraudulently) and are the property of the employing organisation.

13.3. The NMP must keep a record of the serial numbers of the first and last prescription numbers on receipt of a new pad. It is advisable that the prescriber is aware of all prescriptions used/written so that in the event of a pad being lost or stolen the number remaining can be estimated.

13.4. In the event of loss or theft of a prescription pad the following procedure should be followed;

- Prescriber to collate details of the approximate number of prescriptions lost and the prescription serial numbers.
- Prescriber to report loss immediately to all of the following:
    - The NMP's employer
    - The ICB
    - Primary Care Team at NHS England West Midlands
    - NHS Counter Fraud
- NHS England & NHS Improvement will inform all pharmacies and relevant GP practices with details of the name and address of the prescriber concerned and the approximate number of prescriptions stolen and the serial number of the prescriptions.
- The prescriber will be advised to write and sign all prescriptions in a particular colour (usually red) for a period of two months. Computer generated prescriptions should be signed in this colour.

13.5. Under no circumstances should blank prescriptions forms be pre-signed before use.

13.6. Prescription Pads should not be left unattended or accessible to others. They should be locked away securely and access should be restricted to the individual prescriber.

13.7. When travelling, the prescription pad should not be visible and must be locked in the car boot. The prescription pad will be removed when the car is unattended.

13.8. The prescription pad is the property of the employing organisation and must be recovered and securely destroyed, such as shredding, before being put into confidential waste, with appropriate records kept on termination of employment or when the prescriber ceases prescribing duties. The person who destroys the forms should make a record of the serial number of the forms destroyed. Best practice would be to retain these prescription forms for local auditing purposes for a short period prior to destruction. The destruction of the forms should be witnessed by another member of staff. Records of forms destroyed should be kept for at least 18 months.

13.9. Further guidance is available on:

- https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliancecontractors/prescribing-and-dispensing/prescription-forms

- NHS fraud guidance | Fraud Prevention | NHS Counter Fraud Authority (cfa.nhs.uk)

14. Handling Adverse Drug Reactions and Clinical Incidents

14.1. All adverse drug reactions (ADR) should be reported in accordance with Medicines Healthcare Regulatory Agency (MHRA) Yellow Card system https://www.gov.uk/guidance/the-yellow-card-scheme-guidance-for-healthcareprofessionals.

14.2. All ADRs and incidents should be recorded in the patient's clinical records.

15. Working with the Pharmaceutical Industry

15.1. Prescribers must act within their professional code of conduct and be aware of the Department of Health's and their employer's policy in relation to working with the pharmaceutical industry.

16. Training Requirements

16.1. To access non-medical prescribing training, an individual must be registered with a professional body e.g., NMC or GPhC and meet certain educational requirements. This should be discussed and agreed with the employing organisation.

16.2. All registered NMPs are expected to recognise the importance of, and their responsibility for maintaining an up-to-date profile in relation to prescribing. They must also comply with the requirements for continuing professional development (CPD) of their registering body. NMPs must undertake training as determined by their professional body and maintain ongoing competence through CPD. The Scope of Practice Agreement in Appendix 1 outlines the areas that the practitioner will be prescribing in and their methods of achieving competence in that area of prescribing. **This must be completed annually as part of the Personal Development Review process and kept on the practitioner's personal file.**

17. Review of Compliance with the Policy Including Monitoring of Prescribing and Practice

17.1. Practitioners will audit their own practice as part of their ongoing review of CPD needs. ePACT data will be available from the ICB via the MedOptimise® platform.

17.2. All Prescribing activity within GP practices is monitored by the Medicines Optimisation team.

18. “Off Licence” or “Off Label” Prescribing by NMPs

18.1. Nurse, Pharmacist, Optometrist, Physiotherapist & Chiropodist/Podiatrist Independent Prescribers can prescribe medicines outside their licensed indications (so called “off licence” or “off label” use), where this is acceptable clinical practice and there is a body of evidence to support this practice. It must be documented and signed with the prescriber’s professional registration details. They must, however, accept professional, clinical and legal responsibility for that prescribing. If prescribing ‘off label’ the prescriber should explain the situation to the patient/guardian, where possible, but where a patient is unable to agree to such treatment, the prescriber should act in accordance with best practice in the given situation and within the policy of their employing organisation.

18.2. Nurse and Pharmacist Independent Prescribers can prescribe unlicensed medicines for their patients, on the same basis as doctors and supplementary prescribers.

18.3. Optometrist, Physiotherapist and Chiropodist/Podiatrist Independent Prescribers cannot prescribe unlicensed medicines.

19. Scope of the Role of the Independent Prescriber

19.1. NMPs will prescribe in specific therapeutic areas as agreed with their employers and clinical teams, depending on their skills and expertise. All prescribers must only work within their own level of professional competence and expertise.

19.2. To define and promote the relevant competencies to prescribe the Royal Pharmaceutical Society of Great Britain (RPSGB) have developed a competency framework for all NMPs and supported by all relevant professional bodies:

- https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf?ver=2019-02-13-163215-030

19.3. The framework establishes 10 competencies covering the consultation, prescribing and governance.

20. Prescribing for Children

20.1. Only NMPs with relevant knowledge, competence, skills and experience in nursing children should prescribe for children. This is particularly important in primary care, e.g., out-of-hours services, walk-in-clinics and general practice settings.

20.2. Anyone prescribing for a child in these situations must be able to demonstrate competence to prescribe for children and refer to another prescriber when working outside their area of expertise and level of competence (NMC 2006).

20.3. Prescribers should utilise the BNF for Children and relevant national guidance for paediatric services within their practice as appropriate.

21. Supplementary Prescribing

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

21.2. Supplementary prescribing was introduced in the UK in 2003 for nurses and pharmacists, this was extended in England in 2005 to chiropodists/ podiatrists, physiotherapists, radiographers and optometrists, and more recently extended to paramedics and dieticians.

21.3. It is a legal requirement for a CMP to be in place before supplementary prescribing can begin.

21.4. Following diagnosis by an independent prescriber (doctor or dentist), the CMP is drawn up with the supplementary prescriber who can then prescribe any medicines specified in the plan, or in accordance with any guidelines specified in the CMP.

21.5. The CMP is held in the patient's medical records and must be easily accessible by both the independent and supplementary prescribers.

21.6. NHS regulations allow the prescribing of controlled drugs and unlicensed (including "off label") medication if specified in the CMP.

21.7. The independent prescriber is responsible for determining what the CMP covers, and the limits of the supplementary prescribers' responsibility, including prescribing and reviews.

21.8. Supplementary prescribers must work within their professional competence and must consult and pass back prescribing responsibility to the independent prescriber where necessary.

22. Continuing Professional Development (CPD) and Supervision for Non-Medical Prescribers

22.1. All healthcare professionals, including NMPs, have a statutory responsibility to maintain their CPD. For NMPs, it is essential to ensure that CPD is in line with their role as a prescriber. It is advised that the RPSGB competency framework for prescribers is used as a tool to assist in reflection on practice and identifying continuing developmental needs.

22.2. It is the responsibility of the practitioner to ensure that they regularly reflect on prescribing decisions and maintain their knowledge on prescribing matters. Individual staff appraisal, Professional Development Plans and clinical supervision/mentorship

should be used as tools to support this process. In addition, all NMPs are expected to update their knowledge and skills on an annual basis to maintain competency and evidence this by reflecting on the learning within their professional portfolio.

22.3. Where their professional bodies require revalidation, NMPs should ensure that prescribing is a key element in their evidence submission.

22.4. Employers also have a responsibility to ensure that prescribers have access to undertake the relevant continuing professional development as identified through their staff appraisal. This must be undertaken for the practitioner to maintain registration as competent to prescribe.

23. BNFs and Drug Tariffs

23.1. Resources can be accessed via the following links;

- BNF (British National Formulary) | NICE
- https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliancecontractors/drug-tariff

24. Drug Alerts and Urgent Communications

24.1. NHS England circulates drug alerts and other urgent communications. It is essential that NMPs provide NHS England with an up-to-date email address to allow this information to be cascaded promptly.

25. References

25.1. Further information on non-medical prescribing is available from:

- The Department of Health https://www.gov.uk/government/organisations/department-of-health
- Information and Guidance on Non-Medical Prescribing is available from www.dh.gov.uk/health/2012/04/prescribing-change
- The NHS Business Services Authority http://www.nhsbsa.nhs.uk/PrescriptionServices.aspx
- The Nursing and Midwifery Council www.nmc-uk.org
- The General Pharmaceutical Council www.pharmacyregulation.org
- The Health & Care Professions Council https://www.hcpc-uk.org/check-the-register/
- NHS Counter Fraud Authority: Management & Control of Prescription Forms (2018) https://www.cpsc.org.uk/application/files/3115/2579/6094/Management_and_control_of_prescription_forms_2018.03.pdf
- Prescription Forms https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliancecontractors/prescribing-and-dispensing/prescription-forms
- Nigel's surgery: Tips and mythbusters for GP practices https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-tips-mythbusters-gppractices
- NMC- Standards of proficiency for nurse and midwife prescribers: https://www.nmc.org.uk/standards/standards-for-post-registration/standardsfor-prescribers/standards-of-proficiency-for-nurse-and-midwife-prescribers/
- A Competency Framework for all Prescribers- Royal Pharmaceutical society prescribing-competency-framework.pdf (rpharms.com)

Appendix 1: Approval of Non-Medical Prescriber's Competence and Scope of Practice

Non-Medical Prescriber Details

Title (e.g., Mr/Mrs/Dr/Miss/Ms/Sister) ……

Full Name .....

Job Role .....

Cost Centre name/Practice Name .....

Cost Centre code/Practice code.....

Email address……

Contact phone number……

Name of professional body: .....

NMP code: (e.g., NMC /GPhC/Regulatory body code): .....

Start date: .....

I have read and will work in accordance with the current ICB Policy for Non-Medical Prescribing. I understand individual prescribing data will be available via MedOptimise and that I will be issued with a user profile and full instructions on how to access the data.

Signature of Non-Medical Prescriber	
Non-Medical Prescriber (NMP) Type **(circle as appropriate)**	Nurse/ Midwife/ Optometrist/ Pharmacist/ Physiotherapist/ Podiatrist/ Radiographer/Paramedic/ Dietician Other please specify……

Type of Qualification Held (for Nurse prescribers only) *(Tick as appropriate)*		Community Practitioner Nurse Prescriber Formulary (V100 or V150)
		Nurse Independent Prescriber Formulary (V300)

Disease area to be prescribed for and /or types of drugs to be prescribed e.g., asthma, palliative care, mental health, controlled drugs	**Evidence of competence to prescribe in these areas** e.g., asthma diploma/experience in clinical field

These are the agreed parameters for this individual's prescribing activity. We the undersigned have read and will work in accordance with the ICB Policy for Non-Medical Prescribing

	Name	**Signature**	**Date**
Line Manager			
Clinical Lead/GP Principal			
ICB Authorised Signatory			

Once verified and authorised this data will be shared with NHSBSA in order to register the applicant as a Non-Medical prescriber and assign prescribing activity to the workplace. The ICB will securely store the date in order to review, and audit prescribing activity and NMP prescribing data will be available on the MedOptimise® platform. **Practice to forward this form by email to:** cwicb.prescribingadmin@nhs.net

Appendix 2: Notification of change of circumstance of Non-Medical Prescriber

Non-Medical Prescriber Details Title (e.g. Mr/Mrs/Dr/Miss/Ms/Sister) …… Full Name ..... Job Role..... Cost Centre name/Practice Name..... Cost Centre code/Practice code..... Email address……. Contact phone number…… Name of professional body: ..... NMP code: (e.g., NMC /GPhC/Regulatory body code): ..... **I have read and will work in accordance with the current ICB Policy for Non-Medical Prescribing**	
Signature of Non-Medical Prescriber	

	Existing Details	**New Details**
Details of change required (tick as appropriate): Change of Surname/Title/Initials ☐ Change of Qualification (please include details and new code) ☐ Other- please specify ☐		
Date of change:		

We the undersigned have read and will work in accordance with the ICB Policy for Non-Medical Prescribing

	Name	**Signature**	**Date**
Line Manager			
Clinical Lead/GP Principal			
ICB Authorised Signatory			

Please return this form by email to: cwicb.prescribingadmin@nhs.net

Appendix 3: Leaver Notification of Non-Medical Prescriber

Non-Medical Prescriber Details Title (e.g. Mr/Mrs/Dr/Miss/Ms/Sister) ……. Full Name ..... Job Role..... Cost Centre name/Practice Name..... Cost Centre code/Practice code..... Email address…….. Contact phone number…….. Name of professional body:..... NMP code: (e.g. NMC /GPhC/Regulatory body code):	
Leaving Date:	
Signature of Non-Medical Prescriber	
Details of new work location:	**Practice Name & Address:**
Date from (insert intended date of commencement at new work location):	

We the undersigned note this amendment and confirm the new details for this individual.

	Name	**Signature**	**Date**
Line Manager			
Clinical Lead/GP Principal			
ICB Authorised Signatory			

Please return this form by email to: cwicb.prescribingadmin@nhs.net

Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients /staff /organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.
Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality and Equality Impact Assessment

Scheme Title:	Non-Medical Prescribing Policy		
Project Lead:	Natasha Jacques	**Senior Responsible Officer:**	Altaz Dhanani
		Quality Sign Off:	Mary Mansfield
Intended impact of scheme:	This is an update to an existing ICB policy with minor changes including: • Addition of staff included in scope of policy • Updated contact details • Updated details on availability of NMP prescribing data via MedOptimise® • Updated links to references • Updated appendices • Updated EQIA		

How will it be achieved:	New ICB policy will be communicated to the primary care teams and NMPs. Plan is to offer a launch meeting for NMPs to discuss the key changes and support NMPs in accessing their data via MedOptimise®

Name of person completing assessment:	**Natasha Jacques**
Position:	**Lead Medicines Optimisation Pharmacist**
Date of Assessment:	**04/04/2023**

Quality Review by:	**Mary Mansfield**
Position:	**Deputy Director of Nursing**
Date of Review:	**12/04/2023**

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/ Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness clinical/outcome	✓			Availability of individual NMP's prescribing data will support reflection and supervision				
	Patient experience	✓			Policy to support NMP prescribing widens access for patients to receive medications				
	Patient safety	✓			Availability of individual NMP's prescribing data will support reflection and supervision				
	Parity of esteem			✓					
	Safeguarding children or adults			✓					

NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	✓			Policy to support NMP prescribing widens access for patients to receive medications				
	Ensuring people have a positive experience of care	✓			Policy to support NMP prescribing widens access for patients to receive medications				
	Preventing people from dying prematurely			✓					
	Helping people recover from episodes of ill health or following injury	✓			Policy to support NMP prescribing widens access for patients to receive medications				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓			Policy to support NMP prescribing widens access for patients to receive medications				

Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors	✓			Policy to support NMP prescribing widens access for patients to receive medications				
	Access to the highest quality urgent and emergency care	✓			Policy to support NMP prescribing widens access for patients to receive medications				
	Convenient access for everyone	✓			Policy to support NMP prescribing widens access for patients to receive medications				
	Ensuring that citizens are fully included in all aspects of service design and change			✓					
	Patient Choice	✓			Policy to support NMP prescribing widens access for patients to receive medications				
	Patients are fully empowered in their own care			✓					
	Wider primary care, provided at scale			✓					

Access Could the proposal impact positively or negatively on any of the following:	Patient choice	✓			Policy to support NMP prescribing widens access for patients to receive medications				
	Access	✓			Policy to support NMP prescribing widens access for patients to receive medications				
	Integration	✓			Policy to support NMP prescribing widens access for patients to receive medications				
Compliance with NHS Constitution	Quality of care and environment	✓			Policy to support NMP prescribing widens access for patients to receive medications and provides the governance framework for NMPs to follow				
	Nationally approved treatment/drugs			✓					
	Respect, consent, and confidentiality			✓					
	Informed choice and involvement			✓					
	Complain and redress			✓					

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?
This policy supports the practice of non-medical prescribing in Coventry and Warwickshire Integrated Care Board commissioned primary care settings. This policy covers the registration, practice and clinical governance of all Non-Medical Prescribers and it operates in conjunction with the NMP's own provider prescribing policies, procedures, and frameworks.

Who will be affected by this work? e.g., staff, patients, service users, partner organisations etc.
Practice staff Non-Medical Prescribers ICB Medicines Optimisation team.

Is a full Equality Analysis Required for this project?			
Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			
A full EQIA is not necessary on the basis that the purpose of the policy is to achieve compliance with the NMPs own prescribing, procedures and frameworks and there is limited discretion and does not concern service change / delivery. On review it is clear that there will be no differential impact on patients or staff as a result of the policy and a full Equality Assessment is therefore not required.			

8. Sign off		
The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.		
Requirement	**Name**	**Date**
Senior Manager Signoff	Andrew Wilkins	12/04/2023
Which committee will be considering the findings and signing off the EA?	Finance & Performance	05/07/2023
Approved by the Policy Procedure and Strategy Assurance Group.		

Once complete, please send to the ICB's Governance Team.