Non-Medical Prescribing (NMP) Policy

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<th>Type of Policy</th>
<th>Clinical</th>
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<tr>
<td>Date Created</td>
<td>June 2012</td>
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<tr>
<td>Date Last Amended</td>
<td>January 2015</td>
</tr>
<tr>
<td>Review Date</td>
<td>January 2018</td>
</tr>
<tr>
<td>Version</td>
<td>3</td>
</tr>
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<td>Reviewer</td>
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<td>H Drive/Policies &amp; Procedures/Clinical</td>
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Signed........................................... Date.............................................

Director of Clinical Services

Signed........................................... Date.............................................

Chief Executive Officer
1. **Policy Statement & Scope**

   Non-medical prescribing is recognised as an important part of the modernising health services agenda to improve services delivered to children and their families in all health care settings. Claire House is committed to supporting and developing the role of Non-Medical Prescribing as part of its strategy to develop as a specialist provider of children’s palliative care.

   Claire House supports the prescribing of medicines for children and young people by appropriately trained and registered Non-Medical Prescribers (NMPs).

   The purpose of this policy is to enable registered Non-Medical Prescribers to prescribe medicines safely for children / young people in the care of Claire House services.

   Nurses, Pharmacists and Allied Health Professionals (AHPs) registered as Supplementary Prescribers can prescribe in accordance with a patient specific Clinical Management Plan.

   Nurse and Pharmacist Independent Prescribers may prescribe any licensed medicine within their sphere of competence and observing any legislative restrictions around controlled drugs.

   This policy applies to all appropriately trained and registered Non-Medical Independent and Supplementary Prescribers (Appendix 1) employed by Claire House where Claire House supports their prescribing role.

2. **Main Body**

2.1 **Background Information**

   In all care settings the traditional boundaries between professional groups are being reviewed in response to practice development, local service needs and national policy objectives. Effective strategic planning is essential and prescribing by clinicians other than doctors and dentists must be developed in a systematic and controlled way. The development of prescribing by nurses, pharmacists and AHPs is supported within Claire House as it develops as a specialist children’s palliative care provider. The principles of advancing patient care, extending the roles of nurses, pharmacists and AHPs and increasing
their contribution within Claire House is embraced fully. This policy applies to all registered nurses, pharmacists and AHPs employed by Claire House where Claire House supports their prescribing role.

The recent changes in legislation give broader prescribing rights to nurses (not applicable to community practitioner nurse prescribers) and pharmacists, which enables them to prescribe from the full British National Formulary (BNF).

From the 23 April 2012:

• Prescribing - Independent pharmacist prescribers and independent nurse prescribers will be enabled to prescribe, administer and give directions for the administration of schedule 2, 3, 4 and 5 controlled drugs. Neither independent pharmacist nor nurse prescribers will be able to prescribe diamorphine, dipipanone or cocaine for treating addiction but may prescribe these items for treating organic disease or injury.

• Patient Group Directions *– All registered pharmacists and nurses will be able to supply diamorphine or morphine under a patient group direction (PGD) for the immediate, necessary treatment of sick or injured persons.

• Compounding (mixing) – Changes will mean that any person acting in accordance with the written directions of a pharmacist independent prescriber, nurse independent prescribers, doctor, dentist, or supplementary prescriber (working in accordance with a clinical management plan), will be able compound schedule 2, 3, 4 or 5 controlled drugs.

*Editor’s note - the legislation refers to supply, offer to supply and administration under a PGD and not just to supply.

2.2 Definitions of Types of Prescribers in Claire House

Doctors with full registration who hold a license to practice may prescribe all medicines (but not those drugs in Schedule 1 of the Misuse of Drugs Regulations 2001) and are known as Independent Prescribers.

There are currently two types of non-medical prescribers:
A) Independent Prescribers
B) Supplementary Prescribers

Definitions of the types of prescribers are found in Appendix 1.

2.3 Ensuring fitness to practice

Non-Medical Practitioners (nurses, pharmacists and allied health professionals) who undertake prescribing training must ensure that they are familiar with and adhere to Claire
House Medicines Policies and that they practice within their sphere of competence and respective Code of Professional Conduct.

Training must be undertaken at an NMC / RPSGB / HPC and RCN (in the case of nurses) approved institute of higher education for non-medical prescribing.

Training nominations must be identified in appraisal objectives and be co-ordinated through the Lead Nurse and Practice Development Nurse.

All Non-Medical Prescribers wishing to undergo training will require the following:

- To have the support of their line manager with confirmation that their post is one that will have the need and opportunity to prescribe and meet child / young person, service and organisational needs.
- To demonstrate that they meet the NMC (or other relevant professional body) requirements below for entry onto a prescribing programme.
- To have the support of a lead medical prescriber who is willing to contribute to and supervise the Trainee Non-Medical Prescribers learning in the practice element of the training programme.

The NMC’s criteria for eligibility to undertake an independent / supplementary Prescribing programme states that nurses should:

- Be registered as a first level nurse
- Have at least 3 years’ experience as a practising nurse (with previous year in the clinical field where wish to prescribe e.g. neonates, palliative care)
- Have evidence of the ability to study at academic level 3 (degree)
- Be competent in taking a history, undertaking clinical assessment and making a diagnosis

Pharmacists need to have at least 2 years post-registration experience in a clinical environment in a hospital or community setting.

Allied Health Professionals should normally have at least 3 years relevant post-qualification experience.

Non-Medical Prescribers who are trained to prescribe medicines for children / young people must be able to demonstrate knowledge and competence in the administration of those specific medicines prescribed for each individual patient, including knowledge of the drug, appropriate doses, mode of action and any interactions, contra-indications or side-effects.

2.4 Prescribing arrangements within Claire House
Non-Medical Prescribers may only prescribe medicines for patients registered with NHS general practices and under the care of Claire House, within the clinical speciality in which they have demonstrated competence.

The Claire House Human Resources department will keep a central register of Non-Medical Prescribers. The completed Independent and Supplementary Non-Medical Prescribing Approval to Practice Form (Appendix 2) must be sent to the Claire House Lead for Non-Medical Prescribing.

If an Independent Nurse/Pharmacist or Supplementary NMP changes the area and field of practice a new ‘Approval to Practice Form’ must be completed by themselves and their manager before prescribing can resume (see also 5.2).

Before prescribing any medicines, the Non-Medical Prescriber is required to undertake a holistic assessment of the child or young person. Their choice of medicines must take into account other medications already prescribed for the child or young person, including over the counter medicines, complementary and alternative therapies. Any potential interactions should be considered.

Prescribing should include discussion with other members of the multidisciplinary team where appropriate, even where a Clinical Management Plan (CMP) has been previously agreed.

Transcribing of prescription charts will be necessary in the Hospice and in the community. It is recognised that Non-Medical Prescribers will not be the original prescriber of these drugs and will not have made the diagnosis for why the drugs are needed. When transcribing, Non-Medical Prescribers must understand why the drug is prescribed for that Child and must check doses are correct. If the Non-Medical Prescriber feels the drugs are out of their area of competence then they must refer the transcribing to another prescriber.

Under exceptional circumstances, a member of staff who has completed the NMP course but is awaiting this to be applied to their NMC PIN number can transcribe. The transcribed chart must be signed by an independent prescriber within 24 hours or the next working day.

Non-Medical Prescribers will be expected to recognise situations where it is inappropriate for them to prescribe e.g. when it is outside their level of competence.

Where a supplementary prescriber is to be involved in the prescribing of medicines, a standard Clinical Management Plan (CMP) must be prepared for every child or young person. This should follow the guidance given in Supplementary Prescribing by Nurses and Pharmacists within the NHS in England – a guide for implementation (May, 2005). A template is available at Appendix 3. A hard copy of the CMP must be kept in the child / young person’s care record and a copy must be faxed to the named practitioners involved and that child / young person / parental consent has been obtained.

Non-Medical Prescribers must not prescribe medicines to any individual who is not under their care as a user of Claire House services, including themselves, family and friends.
2.5 Promoting safe, effective practice and clinical effectiveness within Claire House

2.6 The prescription of controlled drugs

From the 23 April 2012:

- Prescribing - Independent pharmacist prescribers and independent nurse prescribers will be enabled to prescribe, administer and give directions for the administration of schedule 2, 3, 4 and 5 controlled drugs. Neither independent pharmacist nor nurse prescribers will be able to prescribe diamorphine, dipipanone or cocaine for treating addiction but may prescribe these items for treating organic disease or injury.

- Patient Group Directions *– All registered pharmacists and nurses will be able to supply diamorphine or morphine under a patient group direction (PGD) for the immediate, necessary treatment of sick or injured persons.

- Compounding (mixing) – Changes will mean that any person acting in accordance with the written directions of a pharmacist independent prescriber, nurse independent prescribers, doctor, dentist, or supplementary prescriber (working in accordance with a clinical management plan), will be able compound schedule 2, 3, 4 or 5 controlled drugs.

*Editor’s note - the legislation refers to supply, offer to supply and administration under a PGD and not just to supply.

BNF (2011) Up-to-date information and guidance on nurse independent prescribing is available on the Department of Health website at [www.dh.gov.uk/nonmedicalprescribing](http://www.dh.gov.uk/nonmedicalprescribing)

2.7 Verification of NMP qualification and registration and notification of eligibility to prescribe

When a nurse, pharmacist or AHP has successfully completed the recognised training and has received notification from their professional body (NMC, RPSGB or HPC) that their entry on the appropriate register has been annotated, they must provide evidence of this to the Claire House Non-Medical Prescribing Lead and Care Manager.

The NMP Lead will add their name to the Claire House Non-Medical Prescribing Register and also register them with the NHS Business Services Authority and make arrangements for the supply of prescription forms (FP10). The Independent Nurse/Pharmacist and Supplementary Non-Medical Prescriber must complete the ‘Approval to Practice Form’ (Appendix 2) with their manager and submit a copy to the NMP Lead before prescribing can commence.
All NMPs who are completing FP10 prescriptions in writing or electronically should do so in accordance with the latest Non-Medical Prescribing guidance.

Claire House is responsible for keeping an up to date register of all NMPs.

The Claire House Non-Medical Prescribing Register must contain the Prescriber’s:
  • Name
  • Registration number (pin number)
  • Prescribing Qualification
  • Area of Practice – e.g. Palliative care, specialist field of practice e.g. respiratory care.
  • Locality and contact details
  • Approved to prescribe in external organisation if applicable

The NMP must inform the NMP Lead of the following:
  • Change of name
  • Change of registration number (pin number)
  • Change of base and/or contact number

The Manager must inform the NMP Lead of the following:
  • Termination of employment
  • Suspension from practice

The manager should also inform the NMP Lead of the appointment of qualified NMPs not currently on the Claire House Register of NMPs.

2.8 Legal and clinical liability

NMPs may only prescribe with Claire House’s agreement and this must be reflected in their Job Description and reviewed against their objectives at their annual appraisal. All NMPs should ensure that they have professional indemnity insurance, for instance by means of membership of a professional organisation or trade union and are advised to check that their indemnity insurance covers them for the scope of their prescribing practice. Where a nurse, pharmacist or AHP is appropriately trained and qualified and prescribes as part of their professional duties with Claire House’s consent, Claire House as the employer assumes vicarious liability for their actions.

NMPs are accountable for all aspects of their prescribing decisions. They should therefore only prescribe those medicines they know are safe and effective for the child / young person and the condition being treated. They must prescribe in accordance with the BNF and BNF for Children and the local PCT formularies and symptom guidance. They must be able to recognise and deal with pressures (e.g. from the pharmaceutical industry, child / young person / parent or colleagues) that might result in inappropriate prescribing. All NMPs must accept professional accountability and clinical responsibility for their prescribing decisions and work at all times within their competence and with reference to their regulatory bodies.
Claire House NMP’s are not permitted to meet on an individual basis with or receive gifts from pharmaceutical sales representatives.

2.9 Clinical governance processes and risk management

Non-medical prescribing will be supported by Claire House risk management systems to include:

- Clear processes for application to prescribe within Claire House to ensure that appropriate candidates who are nominated for independent/supplementary training meet service needs.
- Audit – prescribing activity must be documented on the Claire House Non-Medical Prescribing Log and audit discussed with lead Pharmacist at quarterly medicine management meeting
- NMPs must participate in practice / clinical supervision.
- Prescribing parameters agreed and reviewed and all new prescribers will need to complete an Approval to Practice form (Appendix 2) before commencing prescribing.
- Record keeping reviews as part of main record keeping audit processes.
- Provision of support/advice via the Claire House Medicines Management Group.
- Staff has access to CPD, identified at Appraisal. E.g. access to Local NMP prescribing updates / workshops; e-learning resources, undertake peer/practice review/clinical mentorship/reflection. Training needs analysis to identify on-going training needs.
- Non-Medical Prescriber group will be established with links to Medicines Management Group and Claire House GP’s and Pharmacist
- Support via information provision from NHS BSA, National Prescribing Centre (NPC) and Patient Safety Agency.

2.10 Record keeping

All prescribing must be carried out on an approved prescription form (FP10).

Non-Medical Prescribers must ensure that information regarding any prescriptions not directly recorded in the child / young person’s principal health record, must be made available to the child / young person’s Lead Consultant(s) and/or GP within two working days. The use of a standard template is preferred (Appendix 4).

All records will be maintained and stored as per Claire House policy and procedures and in line with professional regulations.

2.11 Communication with the child’s lead clinician(s) and GP

See above and Appendix 4 Non medical prescribing Communication Form
2.12 Security and safe handling of prescription pads

Prescription pads must be retained in a locked cabinet when not in active use. It is recommended that this occurs at the end of each working day. All staff are responsible for keeping prescription pads safe at all times.

Children / young people, family members and Bank staff must not be left alone with prescription pads and must not have access to secure areas where they are stored.

When making home visits staff must take suitable precautions to prevent loss or theft of forms such as ensuring they are carried in an unmarked case and are not on view.

Staff must keep records of serial numbers of pads issued to them, and of the prescriptions they have issued.

Loss of a prescription pad must be reported immediately to the Line Manager and Non-Medical Prescribing Lead.

The Police must be informed immediately.

The loss must be reported to NHS BSA Prescription Pad Distribution Centre.

The Non-Medical Prescribing Lead will inform Claire House CEO and ensure all other relevant personnel / organisations have been informed.

The Non-Medical Prescriber must complete a Claire House incident form.

2.13 Outside of Licence (off label) prescribing

Many children require medicines not specifically licensed for paediatric use. Nurse and Pharmacist Independent Prescribers can prescribe medicines outside of their licensed indications where this is acceptable clinical practice and there is a body of evidence to support this practice. The Child / young person / parent must be fully informed in this instance. The NMP must however, accept professional, clinical and legal responsibility for that prescribing.

Specific local procedures for outside of licence (off label) prescribing should be developed in conjunction with the Claire House Medicines Management Group.

2.14 Unlicensed medicines prescribing

NMPs are permitted to prescribe unlicensed medicines to patients in their care on the same basis as doctors and dentists (NMC 2010). Although medicines cannot be promoted outside the limits of the licence, the Medicines Act does not prohibit the use of unlicensed medicines (BNFC).
An unlicensed medicine is the term used to refer to a medicine that has no marketing authorisation for any indication or age group in the UK. If an unlicensed medicine is administered to a child / young person, the manufacturer may not have liability for any harm that ensues.

2.15 Mixing of medicines in a syringe driver

From 23rd April 2012:
Compounding (mixing) – Changes will mean that any person acting in accordance with the written directions of a pharmacist independent prescriber, nurse independent prescribers, doctor, dentist, or supplementary prescriber (working in accordance with a clinical management plan), will be able compound schedule 2, 3, 4 or 5 controlled drugs.

2.16 Prescription monitoring and audit

Prescribing activity must be reported to the quarterly Claire House medicines Management Group and included in the Locality Governance report reviewed bi-monthly by SMT. Annual audit of prescribing standards must be undertaken.

2.17 NMP handling of adverse drug reactions and medication incidents

The Non-Medical Prescriber must report any medication incidents in accordance with the Claire House Incident Reporting Policy and Procedures including informing the relevant AO for issues related to CDs.

If a Non-Medical Prescriber suspects that a child / young person is experiencing/has experienced an adverse drug reaction (ADR) to a medicine or combination of medicines, the Non-Medical Prescriber will inform the lead clinician responsible for the child / young person’s continuing care at the earliest opportunity.

The Non-Medical Prescriber will evaluate the suspected ADR in accordance with the guidance issued by the Commission on Human Medicines (CHM) and decide if a “yellow card” needs completing to notify the CHM at the MHRA of a suspected drug reaction.

Any adverse drug reactions will be recorded in the child / young person’s care record and on their prescription chart.

Where appropriate, the child / young person’s specific Clinical Management Plan should be updated to list the suspected/observed allergy or adverse drug reaction and details are documented in the child / young person’s health records (via a written communication form or electronic transfer of data).

2.18 Requirements for Continued Professional Development (CPD)
All NMPs will ensure via Continuing Professional Development (CPD) processes that they maintain and develop their competencies in relation to prescribing activity. Appraisal objectives for the NMP must include an overview of the prescribing knowledge and skills which must be evidenced against at review. CPD needs will be identified as part of the Appraisal Training Needs Analysis.

The Non-Medical Prescriber is responsible for their own ongoing professional development and is expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe. Claire House will enable this development as appropriate.

CPD may also be met by:

- Reading, including electronic bulletins from NPC
- Clinical Supervision
- Peer/Clinical Review
- Non-Medical Prescriber Updates/ Advanced Clinician Groups
- Shadowing Colleagues (Buddying). This type of support from other professional colleagues is invaluable to non-medical prescribers, especially those who are newly qualified.
- The National Prescribing Centre (NPC) have produced frameworks for professions involved in non-medical prescribing entitled ‘Maintaining Competency in Prescribing’ which can be used as a reflective tool [www.npc.co.uk](http://www.npc.co.uk)

### 3. Responsibilities & Accountability

**Chief Executive:** Has ultimate responsibility for the policies and procedures that govern work in the Hospice and for document control throughout the organisation.

**Director of Care/NMP Lead** Is responsible for the content of this document, drafting, instigating revisions in response to changing guidance and practice at three yearly intervals as a minimum.

**Qualified Non-Medical Prescribers** Are accountable for their prescribing decisions and actions

**All Staff:** Responsible for adherence to policy and procedures.
Individual roles and responsibilities in relation to NMP (independent and supplementary prescribing)

The Independent Medical or Dental Prescriber (as part of supplementary prescribing) is responsible for:

- The initial clinical assessment of the child / young person, the formulation of the diagnosis and determining the scope of the Clinical Management Plan (CMP).
- Reaching the agreement with the supplementary prescriber about the limits of their responsibility for prescribing and review, all of which should be detailed in the CMP.
- Providing advice and support to the supplementary prescriber as requested.
- Carrying out a review of the child / young person’s progress at appropriate intervals, depending upon the nature and stability of their condition.
- Sharing the child / young person’s health record with the supplementary prescriber and other medical prescribers involved with the child.
- Reporting adverse incidents according to local and national risk management policies.

The Supplementary prescriber is responsible for:

- Having input into the development of the CMP.
- Prescribing for the child / young person in accordance with the CMP. Altering the medicines prescribed within the limits of the CMP, if monitoring of the child / young person’s progress indicated this is clinically appropriate.
- Monitoring and assessing the child / young person’s progress as appropriate to their condition and the medicines prescribed.
- Working at all times within their clinical competence and their professional Code of Conduct, and consulting the independent prescriber as necessary.
- Accepting professional accountability and clinical responsibility for their prescribing practice.
- Undertaking regular audit of their own practice, considering the safety, effectiveness, appropriateness and acceptability of their prescribing.
- Passing the prescribing responsibility back to the independent prescriber, if the agreed clinical reviews are not carried out within the specified interval or if they feel the child / young person’s condition no longer falls within their competence.
- Recording prescribing and monitoring activity contemporaneously, ideally, in the shared Health Record or as soon as possible, ideally within 24 to 48 hours.
- Reporting adverse events which are clinically significant and keeping the independent prescriber informed of them.
- Alerting the prescriber of any clinically significant events.

The Independent Non-Medical Prescriber is responsible for:

- The clinical assessment of the child / young person, the formulation of a diagnosis and identifying if an appropriate prescription for medicines allowed by the current legislation is needed.
- Prescribing from the BNF / BNFC in accordance with the specified medical conditions or indications and prescribing in a cost effective manner to meet the needs of the child / young person (in line with current legislation).
• Recording prescribing and monitoring activity contemporaneously ideally in a shared patient Health Record.
• Communicating changes with the Lead Medical Consultant and/or GP within 48 hours
• Providing advice and support to the multidisciplinary team caring for the child / young person.
• Carrying out a review of the child / young person’s progress at appropriate intervals, depending upon the nature and stability of their condition and the care being provided.
• Adhering to all other medicine-related policies at Claire House.
• Working at all times within their clinical competence and their professional Code of Conduct, and consulting another independent prescriber or other healthcare professional if necessary.
• Accepting professional accountability and clinical responsibility for their prescribing practice.
• Reporting adverse incidents according to Claire House risk management and incident reporting policies.
• Undertaking regular audit of their own practice, considering the safety, effectiveness, appropriateness and acceptability of their prescribing.

The Non-Medical Prescribing Lead Nurse is responsible for:
• Identifying clinical areas and patient care which may benefit from the introduction of non-medical prescribing practice.
• Identifying and supporting the training of named non-medical practitioners and ensuring those nominated meet the requirements for entry onto a course.
• Assessing and managing any financial impact of the introduction of Non-Medical Prescribers.
• Ensuring the registration and notification processes for new Non-Medical Prescribers are followed and ensuring that HR maintains a record of NMPs.
• Introducing clinical governance procedures to ensure non-medical prescribing practices are monitored within Claire House’s Governance procedures.
• Ensuring the monitoring of ongoing professional registration and competence of Non-Medical Prescribers employed in Claire House.
4. References

With thanks to EACH Hospice for their contributions to this policy


Bury Primary Care Trust (2008) Provider Services Policy for Non Medical Prescribing


Department of Health (2005) Supplementary Prescribing by Nurses, Pharmacists Chiropodists/Podiatrists and Radiographers within the NHS in England


Department of Health (2006b) Medicines Matters: A Guide to mechanisms for the prescribing, supply and administration of medicines

Department of Health Website – www.doh.gov.uk


Halton and St Helen’s Primary Care Trust (2007) Non Medical Prescribing Policy
Health Professionals Council (HPC) ‘Standards of Conduct Performance and Ethics’.


National Prescribing Centre Website – www.npc.co.uk

Nursing and Midwifery Council (2006) Standards of proficiency for nurse and midwife prescribers. London ; NMC www.nmc.uk.org

Nursing and Midwifery Council (2010) Standards for Medicines Management. London; NMC


Royal Pharmaceutical Society of Great Britain (RPSGB) ‘Medicines Ethics and Practice’


5. **Related Hospice Policies and Procedures**

Risk Management policy
Incident Reporting guidelines
Clinical Governance Policy
Guidelines for use of oxygen therapy and the management of medical gases
Waste Management Policy and Procedures
Enteral feeding Policy and Guidelines
Resuscitation Policy
Consent Policy
Infection Control Policy and Procedures
Policy for reporting staff to professional bodies
Management and administration of medicines in the hospice building
Management and administration of medicines in the community setting (currently being written)

6. **Governance, Monitoring and Review**

Director of Care is responsible for monthly prescribing monitoring which must take place via bi-monthly Medicines Management meetings and reported at locality governance meetings. This policy and procedures must be reviewed every three years or earlier in line with new legislation. The Claire House Medicines Management Group and the Clinical Governance Committee are responsible for the review and approval of the policy and for making recommendations to the Trustee Board.
Governance processes to ensure patient safety are required to support non-medical prescribing. These processes are underpinned by:

- NMC standards of proficiency for nurse and midwife prescribers (NMC, 2006) [www.nmc.uk.org](http://www.nmc.uk.org)
- Royal Pharmaceutical Society of Great Britain (RPSGB) ‘Medicines Ethics and Practice’
- ‘Standards of Conduct Performance and Ethics’ Allied Health Professionals Council (HPC).

7. **Compliance with Statutory Requirements**

CQC
Safe 4
Responsive 1
Well Led 4

8. **Appendices**

1. Definitions of Non-Medical Prescribers
2. Independent & Supplementary Non-Medical Prescribing Approval to Practice Form
3. Clinical Management Plan Template (DH)
4. Symptom Management Template
5. Non-Medical Prescribing Communication Form
6. Glossary of Terms / Abbreviations
Appendix 1

There are currently two types of **non-medical** prescribers:
A) Independent Prescribers
B) Supplementary Prescribers

**A) Definition of an independent prescriber:**
Independent prescribing means that the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required as well as responsibility for prescribing where necessary and the appropriateness of any prescription. Within medicines legislation the term used is ‘appropriate practitioner’.

There are two types of independent prescribers:

1) **Community Practitioner Nurse Prescribers**
The Nurse Prescribers’ Formulary (NPF) for Community Practitioners (formerly District Nurses and Health Visitors), is the formulary used by community practitioner nurse prescribers. In addition, specialist practitioner school health advisors and specialist practitioner practice nurses can now also train and qualify to prescribe from the NPF for Community Practitioners. The formulary contains 13 prescription only medicines (POMs) some pharmacy (P) and general sales list (GSL) medicines and a list of dressings and appliances relevant to community nursing. Training to prescribe from the NPF is integrated into the specialist practitioner programme.

2) **Nurse and Pharmacist Independent Prescribers**
**Nurse** Independent Prescribing (formerly Extended Formulary Nurse Prescribing) was expanded on 1 May 2006. This allows nurses who have completed the relevant training and with their employers approval, to prescribe any licensed medicine for any medical condition that an individual nurse prescriber is competent to treat, including some CDs for those working in specific areas such as palliative care and cardiology. It allows virtually the whole of the medicines in the BNF [www.bnf.org.uk](http://www.bnf.org.uk) to be prescribed with the exception of CDs.

**Pharmacist** Independent Prescribing was also introduced on 1 May 2006 and allows pharmacists who have completed the relevant training and with their employer’s approval, to prescribe any licensed medicine for any medical condition that an individual pharmacist prescriber is competent to treat. This allows access to virtually the whole of the BNF with the exception of CDs and unlicensed medicines.

**B) Definition of a Supplementary Prescriber:**
Supplementary Prescribing is defined as a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber, to implement an agreed patient-specific Clinical Management Plan (CMP) with the patient’s agreement. Supplementary prescribing was introduced in April 2003 for nurses and pharmacists. It was
extended to physiotherapists, chiropodists/podiatrists, radiographers and optometrists in May 2005. It allows nurses, pharmacists and allied health professionals who have completed the relevant training and with their employers approval to prescribe in a supplementary prescribing partnership. Following assessment and diagnosis by the independent prescriber and an agreement of the CMP, the supplementary prescriber may prescribe any medicine for the patient that is referred to in patient specific CMP, until the next review by the independent prescriber (which must be no longer than one year). There is no formulary for supplementary prescribing and no restrictions on the medical conditions that can be managed under these arrangements. It is appropriate in specific conditions, for example:
- when working within a team where a doctor is accessible
- for specific long term conditions
- for mental health
- for situations involving CDs

Supplementary Prescribing is also a useful mechanism to enable new independent nurse and pharmacist prescribers to develop their expertise and confidence in prescribing or where a team approach to prescribing is clearly appropriate (DH 2006).
Appendix 2 Independent Non-Medical Prescribing Approval to Practice Form

Prescriber’s Name

Date of qualification

NMC Pin number

Locality Tel. Number

E-mail address

Clinical Speciality or Service

Prescribing Areas

Confirmation of competency to take a patient history, undertake a clinical assessment and diagnose within the area and field of practice identified.

Signature of Prescriber

Approved by Manager (Block Capitals)

Signature of Manager

Date Review Date

Approval to practice given by Claire House Director of Care

Signed Date

This approval to practice form must be reviewed if area or field of practice changes and at Annual Appraisal

Copy to
1. NMP 2. Personnel file in HR 3. NMP Lead 4. Care Manager
**Appendix 3 DH SUPPLEMENTARY PRESCRIBING CLINICAL MANAGEMENT PLAN (CMP) EXAMPLE TEMPLATES**

**TEMPLATE CMP 1 (Blank): for teams that have full co-terminus access to patient records**

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th>Patient medication sensitivities/allergies:</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient identification e.g. ID number, date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent Prescriber(s):</th>
<th>Supplementary Prescriber(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition(s) to be treated</th>
<th>Aim of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medicines that may be prescribed by SP:**

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Indication</th>
<th>Dose schedule</th>
<th>Specific indications for referral back to the IP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Guidelines or protocols supporting Clinical Management Plan:**

<table>
<thead>
<tr>
<th>Frequency of review and monitoring by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplementary prescriber</th>
<th>Supplementary prescriber and independent prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Process for reporting ADRs:**

<table>
<thead>
<tr>
<th>Shared record to be used by IP and SP:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agreed by independent</th>
<th>Date</th>
<th>Agreed by supplementary</th>
<th>Date</th>
<th>Date agreed with</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>prescriber(s)</td>
<td>prescriber(s)</td>
<td>patient/carer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
<td>---------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TEMPLATE CMP 2 (Blank): for teams where the SP does not have co-terminus access to the medical record

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th>Patient medication sensitivities/allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Patient identification e.g. ID number, date of birth:

<table>
<thead>
<tr>
<th>Current medication:</th>
<th>Medical history:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent Prescriber(s):</th>
<th>Supplementary prescriber(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact details: [tel/email/address]</td>
<td>Contact details: [tel/email/address]</td>
</tr>
</tbody>
</table>

### Condition(s) to be treated:

<table>
<thead>
<tr>
<th>Aim of treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicines that may be prescribed by SP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guidelines or protocols supporting Clinical Management Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency of review and monitoring by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary prescriber</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process for reporting ADRs:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Shared record to be used by IP and SP:

<table>
<thead>
<tr>
<th>Agreed by independent prescriber(s):</th>
<th>Date</th>
<th>Agreed by supplementary prescriber(s):</th>
<th>Date</th>
<th>Date agreed with patient/carer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24
## END OF LIFE MANAGEMENT PLAN

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>CH No:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Diagnosis:</th>
<th>Allergies:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Condition(s) to be treated:</th>
<th>Aim of Treatment(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>POTENTIAL PROBLEMS</th>
<th>MANAGEMENT</th>
</tr>
</thead>
</table>
### Agitation and restlessness

Assessment of possible reason(s) for agitation / distress,

The clear goal is to ensure that .......... is settled, pain free and not distressed or agitated

Simple management includes oxygen, position change and reassurance,

- Consider using buccal midazolam.
- Consider alternative routes i.e., PEG, Intranasal
- Consider Midazolam in the syringe driver.
- If Midazolam already in the driver consider administering a SC bolus of Midazolam. (Dose should be a sixth of the syringe driver dose).
- Remember to check that both a sliding scale for the midazolam is written up with scope to increase it by 30-50% should you need to.
- Remember if you increase the syringe driver dose the bolus dose will need increasing too
- Next step: Consider introducing Nozinan into the syringe driver.

<table>
<thead>
<tr>
<th>DATE</th>
<th>POTENTIAL PROBLEMS</th>
<th>MANAGEMENT</th>
</tr>
</thead>
</table>
|      | Nausea / vomiting   | - Please consider the cause of nausea/vomiting as this will depend what anti emetic is prescribed.  
- Consider oral/enteral ondansteron or cyclizine.  
- If not controlled via this route consider SC cyclizine, haloperidol or levomepromazine. |
|      | Constipation        | - Continue laxative therapy wherever possible.  
- Introduce a laxative once opiates are commenced.  
- Please consider suppositories/enemas should a child become constipated. |
<table>
<thead>
<tr>
<th>Increased secretions / noisy breathing</th>
<th>This can be a common problem at the end of life, if the symptoms are mild and not troubling the child, no medication may be required, but if they increase and his/her breathing becomes noisy and distressing, consider:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ If symptoms are mild consider applying Hyoscine patch as prescribed.</td>
</tr>
<tr>
<td></td>
<td>▪ If symptoms are more troublesome and acute Hyoscine Hydrobromide can be given as SC bolus dose and then a hyoscine patch can be applied for 72 hours. If the child/yp is peripherally cold/pyrexial/sweat/ clammy and/or shut down hyoscine hydrobromide can be incorporated into the 24 hour syringe pump.</td>
</tr>
<tr>
<td></td>
<td>▪ Additional doses of SC Hyoscine can be administered should it be required.</td>
</tr>
<tr>
<td></td>
<td>▪ NB Hyoscine can only be mixed in Water for Injection.</td>
</tr>
<tr>
<td></td>
<td>▪ Consider suction if appropriate.</td>
</tr>
</tbody>
</table>

<p>| DATE | POTENTIAL PROBLEMS | MANAGEMENT |</p>
<table>
<thead>
<tr>
<th>Pain:</th>
<th>Please be aware of the WHO analgesia ladder.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ <strong>Diamorphine</strong> is the usual drugs of choice to be added to a syringe driver.</td>
</tr>
<tr>
<td></td>
<td>▪ Morphine Sulphate is available in the hospice should it be required.</td>
</tr>
<tr>
<td></td>
<td>▪ When commencing a syringe driver and the child/yp has been receiving oral morphine regularly the starting dose is calculated by:-</td>
</tr>
<tr>
<td></td>
<td>▪ Add up the total daily dose of oral morphine received in the last 24 hours.</td>
</tr>
<tr>
<td></td>
<td>▪ To convert the oral dose to <strong>diamorphine divide by 3</strong> (diamorphine is 3 times stronger than oral morphine)</td>
</tr>
</tbody>
</table>

**Eg Child has received 6 doses of 10mg of oral morphine in the last 24 hours.**

- 60mg divide by 3 = 20
- 20 mg of diamorphine to be put in the syringe driver over 24 hours.

- To convert the oral dose to **morphine sulphate divide by 2** (morphine sulphate is twice as strong as oral morphine)

**Eg Child has received 6 doses of 10mg of oral morphine in the last 24 hours.**

- 60mg divide by 2 = 30
- 30 mgs of morphine sulphate to be put in the syringe driver over 24 hours.

- If the child has not been on any oral morphine please follow the guidelines in the LCP for commencing diamorphine/morphine sulphate.

- Remember to get the GP to prescribe a sliding scale with scope to increase the dose by 30 -50% should you need to.
<table>
<thead>
<tr>
<th>DATE</th>
<th>POTENTIAL PROBLEMS</th>
<th>MANAGEMENT</th>
</tr>
</thead>
</table>
|      | Breakthrough / incident pain | ■ Remember to check that a dose of morphine is prescribed for breakthrough pain.  
■ The breakthrough dose is a sixth of the syringe driver dose.  
■ If the child is tolerating oral morphine via the enteral/oral route, please use.  
To calculate the dose using the example given.  
20mg diamorphine in the driver.  
  20 divided by 6 = 3.3333  
Remember to convert back the diamorphine to oral morphine by multiplying by 3  
3.333 x 3 = 9.9999 (enteral/oral morphine will be 10 mgs)  
30mgs of morphine sulphate in the driver  
  30 divide by 6 = 5  
Remember to convert back the morphine sulphate to oral morphine by multiplying by 2  
  5 x 2 = 10 (enteral/oral morphine will be 10mgs)  
■ If the child is not absorbing please administer the breakthrough dose via a SC/IV route. Using the example above the doses will be 3.5mg of diamorphine or 5mgs of morphine sulphate.  
■ Again remember, as the syringe driver dose increases so will the breakthrough dose |
|      | Oral medication | ■ Consider stopping non essential drugs.  
■ Essential medications include: Anticonvulsants, antacids and laxatives. |
|      | Bleeding | ■ Consider using tranexamic acid oral medication, mouthwash or soaks.  
■ Adrenaline can also be used topically or on dressings.  
■ Consider platelet infusions for oncology patients to avoid any catastrophic bleeds. |
<table>
<thead>
<tr>
<th>DATE</th>
<th>POTENTIAL PROBLEMS</th>
<th>MANAGEMENT</th>
</tr>
</thead>
</table>
|      | Seizure activity  | ■ If a child is known to have seizures and is prescribed a rescue medication, please administer this.  
■ For all other children ensure buccal midazolam is prescribed for seizure activity. This should be prescribed even if a child does not have a history of seizures, as this is a potential problem for end of life care. |

**Name of Independent Prescriber(s):**

**Name of Supplementary Prescriber(s):**

**Date of Review:**

**Date of Review:**

**Date of Review:**
Appendix 5

Non-Medical Prescribing Communication Form

This form contains information on medication(s) prescribed by a Claire House Non-Medical Prescriber for a child/young person in your practice or under your care. Please ensure that such details are brought to the attention of Dr....................... and entered into the child/young person’s medical records. Should you require any further information please do not hesitate to contact me. Thank you for your assistance.

Child / Young Persons Details

Name: Date of Birth:
Address:

Prescription Item(s) Details

<table>
<thead>
<tr>
<th>Date</th>
<th>Drug</th>
<th>Dose</th>
<th>Frequency</th>
<th>Route</th>
<th>Indication</th>
<th>Duration of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Additional Information

..................................................................................................................................................................................
..................................................................................................................................................................................
..................................................................................................................................................................................
..................................................................................................................................................................................

Non-Medical Prescriber Details

Name: PIN No:
Signature: Organisation: Claire House
Contact Details: 0151 334 4626
## Appendix 6 Glossary of terms/Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACMD</td>
<td>Advisory Council on Misuse of Drugs (Home Office)</td>
</tr>
<tr>
<td>ADR</td>
<td>Adverse drug reaction</td>
</tr>
<tr>
<td>AHP</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>AO</td>
<td>Accountable Officer</td>
</tr>
<tr>
<td>BNFC</td>
<td>British National Formulary for Children</td>
</tr>
<tr>
<td>CD</td>
<td>Controlled drug</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CHM</td>
<td>Commission on Human Medicines</td>
</tr>
<tr>
<td>CMP</td>
<td>Clinical Management Plan</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing professional development</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DoB</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>ePACT.net</td>
<td>A service for pharmaceutical and prescribing advisors which allows real time on-line analysis of the previous sixty months prescribing data held on NHS Prescription Services' Prescribing Database.</td>
</tr>
<tr>
<td>FP10</td>
<td>an NHS prescription from a GP</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
</tr>
<tr>
<td>GSL</td>
<td>General Sales List</td>
</tr>
<tr>
<td>HPC</td>
<td>Health Professionals Council</td>
</tr>
<tr>
<td>IP</td>
<td>Independent Prescriber</td>
</tr>
<tr>
<td>MHRA</td>
<td>The Medicines and Healthcare Products Regulatory Agency</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NHS BSA</td>
<td>NHS Business Services Authority</td>
</tr>
<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council</td>
</tr>
<tr>
<td>NMP</td>
<td>Non-medical prescriber; Non-medical prescribing</td>
</tr>
<tr>
<td>NPC</td>
<td>National Prescribing Centre</td>
</tr>
<tr>
<td>NPF</td>
<td>Nurse Prescribers Formulary – used by community nurse practitioners – training to prescribe from the NPF is integrated into the specialist practitioner programme</td>
</tr>
<tr>
<td>P</td>
<td>Pharmacy list</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>PGD</td>
<td>Patient Group Direction</td>
</tr>
<tr>
<td>POM</td>
<td>Prescription only medicine</td>
</tr>
<tr>
<td>RCN</td>
<td>Royal College of Nursing</td>
</tr>
<tr>
<td>RPSGB</td>
<td>Royal Pharmaceutical Society of Great Britain</td>
</tr>
<tr>
<td>SMT</td>
<td>Senior Management Team</td>
</tr>
<tr>
<td>SP</td>
<td>Supplementary Prescriber</td>
</tr>
</tbody>
</table>