

**Non-Medical Prescribing Policy**

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| 8.0 | March 2020 | Maggie Parks/ |  | 25.2 Added: Transcribing in ELFT is **only permissible in the Community Health** **Services Directorate** (District Nursing Newham, Tower Hamlets & Bedford, East Ham Care Centre) by staff who have received additional training. Transcribing isnot permitted in any other serviceChanges to Designated Medical Practitioner (DMP) to Designated PrescribingPractitioner made throughout the document in line with Competency Framework For Designated Prescribing Practitioners (DPP) (Royal Pharmaceutical Society 2019) |

\*Earlier version controls are safely archived by the NMP Lead.

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1. **Non-Medical Prescribing In the NHS – Background and Definitions**
* Non-medical prescribing is the prescribing of medicines, appliances and dressings by Registered Nurses, Midwives, Health Visitors, Pharmacists, Allied Health Professionals (AHP) (Physiotherapists, Podiatrists, Paramedics, Dietitians, Radiographers) who have successfully qualified as prescribers in their field of practice/expertise.
* In order to prescribe, the individual’s professional registration must show annotation of such qualification and the individual must demonstrate up-to-date clinical competence in their intended field of prescribing.

Non-medical prescribing includes:

* Independent Prescribing.
* Supplementary Prescribing
* Community Nurse Prescribing
* Independent Prescribers may prescribe any drug for any clinical condition within their level of competence and/or any locally agreed formulary. There are restrictions around controlled and unlicensed drugs (see 8.7.4).
* Supplementary Prescribers may only prescribe in accordance with a clinical management plan (CMP). This means that they can prescribe all medicines within the BNF for a specific disease area, according to an agreed documented plan made in partnership with the patient, Doctor or Dentist. They may prescribe unlicensed drugs and CDs provided this is in accordance with the agreed CMP.
* Community Nurse Prescribers can only prescribe from Nurse Prescribers’ Formulary (NPF) for Community Practitioners. The NPF can be accessed via e-BNF
1. **Benefits of Non-Medical Prescribing**

The purpose of extending prescribing responsibilities to non-medical professionals is to:

* Improve patient care without compromising safety.
* Make it easier for patients to get the medicines they need because of increased availability of prescribing roles.
* Increase patient choice in accessing medicines through more contacts with a range of professionals able to prescribe at a time and place more able to suit the patient.
* Make better use of the skills of health care professionals.
* Contribute to the introduction of more flexible team working across East London NHS Foundation Trust (ELFT).
* Improve communication between all prescribers.
* Practitioner independence, which reduces patient waiting times and increases the convenience and speed with which patients receive their medicines
* Reduced waiting times for patients
1. **Local /** **National Policy and Professional Body Position**

This policy is based on the following National and Professional documents:

* The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2020
* Guidance and standards from all professional and regulatory bodies
* [The Royal Pharmaceutical Society Competency Framework for all Prescribers (2021)](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf) accredited by NICE
* This policy should be read in conjunction with guidance documents from NICE, the DHSC and NHS England documents, the Prescriber’s Professional or Regulatory Body Standards and all Trust policies related to medicines.

3.1 **Related Trust Documents**

This policy can be cross referenced to all policies that are related to medicine and medicine administration, such as:

* The overarching Medication policy,
* Administration of medicine in home settings policy,
* Controlled drugs policy,
* FP10 Policy
* Transcribing policy
* PGD Policy

This list is not exhaustive. The policy s related to all policies that ensures safe prescribing of medicines by non-medical professional.

1. **Aim Of The Policy**

This policy was written to:

* govern the practice of non-medical prescribing within the Trust.
* provide a guide to services who wish to consider non-medical prescribing as an option for their patient group.
* ensure changes make tangible improvements to patient care.
* ensure prescribing practice is compatible with the service development plans of the Trust and is an appropriate extension of a practitioner’s role.
* ensure that new prescribers are appropriately qualified for the role, work within agreed National and local policies and are identified within the Trust so that prescribers can be kept up to date on prescribing matters.
* ensure that non-medical prescribers are supported in their role and continued professional development.
1. **Scope of the Policy**
* This policy applies to all healthcare professionals working with patients in East London NHS Foundation Trust including Nurses, Midwives and Allied Health Professionals, pharmacists working through PCNs, Trust employed or independent contractors who are registered with ELFT as non-medical prescribers. Job descriptions must specify the Independent/Supplementary/Community Nurse Prescriber role accordingly (see appendix 9 for example).
* This policy provides information and guidance for all non-medical prescribers, although some sections are specific to the type of prescriber (Community Nurse Prescriber, Supplementary Prescriber, Independent Prescriber)
* [This Policy does not include Patient Group Directions (PGDs). A PGD is a written instruction for the supply and administration of named medicines to a group of patients in a specific, identified clinical situation. There is separate guidance for PGDs and this can be found on the Trust intranet.](http://elftintranet/download/0c5efdae-bab8-4121-8d18-a8e449700afb/f/%20%20%20%20%20%20%20%20%20%20%20%20%20Patient_Group_Direction_Policy_ratified_March_2018.pdf)
* The majority of non-medical prescribers at ELFT are Nurses or Pharmacists. Whilst this document is relevant to all non-medical prescribers, it will concentrate mainly on Nurses, Pharmacists and Allied Health Professionals. Other practitioners not in this group of professionals should contact the non-medical prescribing lead/nominated deputy for further advice or assistance.

**5.1 REQUIREMENT FOR PRESCRIBERS:**

Nurses, Pharmacists and Allied Health Professionals wishing to undertake prescribing must meet the following criteria:

- have a minimum of 3 years post registration (or part-time equivalent) experience, of which at least one year (or part-time equivalent) immediately preceding the application has been in the clinical area in which the applicant intends to prescribe on successful completion of the course

* + be registered with the NMC, HCPC or GPhC
	+ current enhanced disclosure from the Disclosure Barring Service
	+ be of ‘good character’

- **Successful completion of a physical assessment course (the type and level of course must be relevant to their field and level of practice, and discussed and agreed with the NMP Lead/nominated deputy) and psycho-pharmacology course for mental health and substance use staff.**

- Evidence of study at degree level and ability to study to master’s level.

- Be willing, eligible and able to undertake the training programme.

- Their subsequent prescribing practice will provide maximum benefits to patients in their local services.

- Have sufficient opportunity to prescribe, engage in Continuous Professional Development and maintain competence and confidence after the training is complete.

- They have the support of a GP/Consultant from their area of practice who is eligible and willing to act as the Designated Prescribing Practitioner.

- Have the support of their manager, Clinical and Service Directors.

- Their role is one in which supplementary prescribing is required and reflected in the job description.

1. **Local Decision To Support Non-Medical Prescribing**
* Local teams must first establish the need for non-medical prescribing services and

 demonstrate clear patient or service user benefit with minimum risk (Appendix 5).

* Services wishing to develop non-medical prescribers must complete the form in

Appendix 5 and discuss this with the Trust NMP lead/nominated deputy for non- medical prescribing. The prospective candidate must meet the eligibility criteria for the prescribing course on which they wish to embark and the service must be able to

 provide the required support. All applications for NMIP courses must be approved by

 the NMP Lead.

Local services can further prioritise applicants by applying the following principles:

* Non-medical prescribing will increase patient access to services and medicines
* Non-medical prescribing will improve service, maximise patient benefit and enhance the patient experience
* Non-medical prescribing is requisite for the role
* The service is able to release the candidate for the required number of study days and supervised practice (including preparatory courses)
* Patient safety is not compromised
* Non-medical prescribing will provide better use of Nurse’s, Allied Health Professional’s (AHP) and Pharmacist’s skills
* Following successful completion of the non-medical prescribing course, the Nurse,

Pharmacist or AHP must provide evidence of such to the Non-medical prescribing Lead/nominated deputy for entry to ELFT’s register and registration with the NHSBSA for access to prescription pads. The Non-medical Prescriber (NMP) must familiarise themselves with and adhere to this policy.

* All newly qualified NMPs must be formally assessed on a minimum of 6 prescribing activities/prescriptions relevant to their area of practice and completed within a 3 month period. This will be done under the supervision of an experienced medical or non-medical prescriber in the sphere of practice who will provide assurance to the Non-medical prescribing Lead/nominated deputy that the individual is safe and competent to prescribe unsupervised by completion of the Trust Assessment Form (appendix 7). The completed assessment form will be held on record by the NMP’s line manager or any other relevant person in the directorate e.g Lead Pharmacist and a copy sent to the NMP Lead/nominated deputy to be held on record.
* All NMPs must ensure that they keep up-to-date with information and legislation in

relation to their practice and engage in continuing professional development (CPD) to maximise their effectiveness as prescribers. NMPs must register with the NICE website to receive regular newsletters and updates in relation to prescribing and medicines. Managers are responsible for ensuring the NMP has engaged in CPD and registered with NICE and it is recommended this is regularly discussed at supervision and at appraisal.

* [NMPs must annually complete the Royal Pharmaceutical Society’s Competency Framework for all Prescribers](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework) as part of Appraisals (<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20Competency%20Framework.pdf?ver=AlHRKuior3ef_fNnaMd3iA%3d%3d> ). This framework is approved by NICE and professional regulatory bodies. It is recommended that the framework is, as a minimum, completed and discussed as part of the NMP’s professional revalidation/registration processes.

**7.0 – TYPES OF NON - MEDICAL PRESCRIBING**

**7.1 Community Nurse Prescribing**

* This qualification (V100/V150) enables Community Practitioners (e.g. District Nurses, Community Nurses, Specialist Nurses, Health Visitors) to prescribe from the Nurse Prescribers’ Formulary for Community Practitioners.
* It is a core component of the Specialist Community Practitioner qualification for District Nursing and Health Visiting.

7.2 **Supplementary Prescribing**

* Supplementary Prescribing is a voluntary partnership between a responsible medical prescriber (Doctor or Dentist) and a supplementary prescriber and the patient, to implement an agreed patient specific Clinical Management Plan (CMP). The principal underlying the concept of supplementary prescribing (i.e. a prescribing partnership) must be explained in advance to the patient and their agreement obtained.
* Good communication between the prescribing partners is essential as is the need for access to shared patient records. It is also essential 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 supplementary prescribing.
* There are no legal restrictions or clinical conditions that may be treated under supplementary prescribing, although it is expected that supplementary prescribing is used for the management of chronic medical conditions and health needs.
* Supplementary Prescribers can prescribe any medicine, including controlled drugs and unlicensed drugs, provided they are specified in the agreed CMP.
	1. **Clinical Management Plan (CMP)**
* The medical prescriber (Doctor) must conduct an initial clinical assessment of patient and provide a diagnosis
* Both medical prescriber (Doctor)and supplementary prescriber must have access to the patient records.
* The medical prescriber (Doctor) will provide advice and support to supplementary prescriber as required.
* In partnership with the supplementary prescriber and the patient, a clinical management plan will be drawn up (appendix 3). This is a patient specific document, which is agreed by both the Doctor and the supplementary prescriber with the patient before supplementary prescribing begins. The plan must be completed and signed by all parties. The patient’s date of birth must be recorded. For those under 18 years of age a parent or guardian must sign the CMP.
* The patient must be reviewed on a regular basis (minimum yearly) and the frequency of this specified and recorded in the clinical management plan.
* The medical prescriber (Doctor) must clearly outline the limits of the delegated responsibility. The CMP must specify the range of medicines and circumstances and parameters within which the supplementary prescriber can vary dosage frequency and formulation of medicines identified. In describing the limits of prescribing by the supplementary prescriber the CMP may include reference to recognised and reputable guidelines or protocols for a specific condition.
* The CMP must contain the date the supplementary prescriber arrangements commenced and date for review, this should not exceed one year.
* The CMP must specify the circumstances in which the supplementary prescriber should refer to the medical prescriber (Doctor) for advice.
* The CMP must contain relevant warnings about known sensitivities to medicines and include arrangements for notifying adverse drug reactions.
* The medical prescriber (Doctor) will resume full responsibility for patient prescribing at the supplementary prescriber’s request when required.
* The medical prescriber (Doctor) can at any time request that he/she take back full responsibility for prescribing at any time.
* The medical prescriber (Doctor) must take action to ensure that the supplementary prescribing practice continues following periods of absence and if they leave the service.
* The CMP once completed, must be sent to the patient’s GP.
* A CMP must fulfil legal requirements.

**7.4 The Prescribing Relationship in supplementary prescribing**

* The relationship between a medical prescriber (Doctor) and a supplementary prescriber is voluntary; both parties agree to share responsibility for the practice and will be accountable for their own prescribing decisions.
* If the medical prescriber (Doctor) changes and the patient’s responsibility moves to another Doctor, then the supplementary prescribing arrangement is discontinued unless a new partnership is agreed and recorded by the new Doctor
* The Trust is committed to ensuring that supplementary prescribing practice continues following the employment of a new medical prescriber (Doctor) - newly appointed Doctors will be encouraged to support previously successful supplementary prescribing practice.
	1. **Independent Prescribing**
* Non-medical Independent Prescribing is prescribing by a practitioner (e.g. Nurse, Pharmacist, Physiotherapist or Podiatrist) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required.
* They will have successfully completed a recognised independent prescribing course and have independent prescriber annotated as a qualification on the professional register.
* The patient must agree to be in an independent prescribing arrangement and the independent prescriber must work in partnership with the patient and Doctor in charge of the patient’s overall care.
* Independent prescribing is only one element of the clinical management of the patient. Patient history, drug history, allergies, clinical assessment, interpretation of that assessment, a decision on safe and appropriate therapy and a process for on-going monitoring are necessary. The independent prescriber is responsible for ensuring that all these elements are in place. Where possible the prescriber must access the full clinical record.
* A non-medical independent prescriber can only order a medicine for a patient whom he/she has assessed for care. In the event of being requested to intervene for a patient under the caseload of another prescriber, the independent prescriber must undertake their own assessment as far as possible. See sections 24 and 25 for guidance on remote prescribing and transcribing.
* The non-medical independent prescriber may only prescribe according to his/her scope of practice, competence and experience; (please see Appendix 1 for Scope of Practice document). Optometrists may only prescribe for ocular conditions affecting the eye and surrounding tissue. Optometrists are not permitted to prescribe controlled drugs (unless under a supplementary prescribing CMP arrangement and they have qualified as supplementary prescribers)
* [The Royal Pharmaceutical Society have published *A Competency Framework for All Prescribers* (2021) which has been endorsed by NICE and adopted by professional bodies and regulators](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf)  (available at <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20Competency%20Framework.pdf?ver=AlHRKuior3ef_fNnaMd3iA%3d%3d> (

* Non-medical prescribers must ensure they meet these competencies by completing the framework and addressing any development need identified. The framework must be completed/reviewed yearly and discussed with the line manager at [yearly](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf) appraisal and form part of professional re-registration/revalidation processes. (see section 10.4 Manager’s responsibilities)
	1. **The following restrictions apply in relation to non-medical Independent Prescribing:**
* **The non-medical independent prescriber may only prescribe within their sphere of expertise and competence, within the Trust / Local Joint CCG Formulary**
* **Off-label / off-licence medicines** – **Non-medical independent prescribers** may prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation (so called ‘off-licence’ or ‘off-label’). They must, however, accept professional, clinical and legal responsibility for that prescribing, and should only prescribe ‘off-label’ where it is accepted clinical practice. The prescriber should explain the situation to the patient/guardian or carer, 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. The prescriber must comprehensively document their reasons for prescribing such a medicine and their discussion with the patient.

* **Unlicensed medicines** – **Non-medical independent prescribers** are allowed to prescribe unlicensed medicines within their competence and field of expertise, where it is accepted clinical practice and has been agreed by the Medicines Committee (see [Unlicensed Medicines Policy](http://elcmhtintranet/uploads/Unlicensed%20Medicines%20Policy%20ELCMHT%20Final.pdf)). Supplementary prescribers may prescribe unlicensed medicines if they form part of a Clinical Management Plan. Again, the prescriber remains accountable and liable for off-label prescribing and should comprehensively document their reasons for prescribing. The patient or patient’s guardian should be informed and consent obtained for the treatment.
* **Controlled Drugs (CDs) –** Pharmacist and Nurse Independent Prescribers may prescribe, administer and give directions for the administration of Schedule 2, 3, 4 and 5 Controlled Drugs. They are not permitted to prescribe diamorphine, dipipanone or cocaine for treating addiction but may prescribe these items for treating organic disease or injury.
* Physiotherapists and chiropodists are limited as follows in respect of Controlled Drugs: registered and qualified physiotherapist independent prescribers may independently prescribe temazepam (oral), lorazepam (oral), diazepam (oral), dihydrocodeine (oral), morphine (oral and injectable), fentanyl (transdermal) and oxycodone (oral). Registered and qualified chiropodist independent prescribers may independently prescribe temazepam (oral), lorazepam (oral), diazepam (oral), and dihydrocodeine (oral). Both professions are authorised to administer the specific drugs they are authorised to prescribe, but are not authorised to possess, stock or supply these drugs. Both professions are also authorised to prescribe independently on the conditions that they prescribe the relevant drugs within their competence, by the specified routes and only for the treatment of organic disease in patients, but not for the purposes of treating addiction.
* Optometrist independent prescribers cannot prescribe controlled drugs.
* Prescribers must ensure that they are familiar with the various drug schedules, details of which can be found in the British National Formulary.
* All the legal requirements for a CD prescription must be met. Computer generated prescriptions may be used for CDs, providing the software is in place and an audit trail of prescribing practice is evident.
* The quantity of any CD prescribed must not exceed 28 days supply per prescription (excluding schedule 5 drugs). CD prescriptions in secondary care for Attention Deficit / Hyperkinetic Disorder (ADHD) must not exceed 3 months.
* All NMPs are required to familiarise themselves with, and adhere to, the Trust’s Controlled Drug Policy. Please see the Trust intranet for the policy.
	1. **Mixing of Medicines**
* Mixing” has been defined by the Department of Health as “the combination of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient”.
* The MHRA states that the mixing of two separate medicinal products will result in a new, unlicensed product if one product cannot be described as a vehicle for the administration of the other e.g. as a reconstitution or diluting agent.
* Prescribers must refer to the Manufacturer’s summary of product information and be mindful that the mixing of medicines could result in an unlicensed preparation.
* Due to the risks of drug incompatibility and chemical reaction which may have serious adverse effects, the mixing of drugs should be avoided where possible. There may be instances where mixing of drugs is safe and acceptable practice e.g. in palliative care where a narcotic and anti-emetic may be mixed and delivered in a low volume, continuous sub-cutaneous infusion.

**Under no circumstances** **may medicines used for mental health care be mixed in the same syringe**

* Guidance from the Royal Pharmaceutical Society states: ‘The mixing of drugs should be avoided unless essential to meet the needs of the patient, and that those involved in both the prescribing and actual mixing should be competent to do so and take full professional and clinical responsibility for their actions. In addition such actions must within the governance structures and guidance of the employing authority and of the relevant statutory bodies.’
* **Nurse** and **pharmacist independent prescribers** are allowed to mix medicines prior to administration and provide written directions for others to do so. They must ensure that the medicines are compatible for mixing before doing prescribing, mixing, administering or providing directions for others.
* **Supplementary prescribers** are allowed to mix medicines prior to administration and provide written directions for others to do so, only when it is safe to do so and the preparation forms part of the clinical management plan for an individual patient.

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|  | **Eligibility criteria for clinicians wishing to undertake the Independent Prescribing Course**: |
| **To access the NMP course, the applicants are expected to:**  |
|  | Work in one of the services provided by ELFT and deemed competent in this area of practice. |
| Have a minimum of 2 years post registration experience (or part time equivalent), of which at least one year (or part-time equivalent) immediately preceding the application has been in the clinical area in which the applicant intends to prescribe on successful completion of the course.  |
| Have a practising, experienced (at least 2 years or part-time equivalent) Community Nurse or Independent Prescriber mentor, willing to supervise and assess 10 days of learning in practice for the course  |
| Be registered with a professional regulatory body such as NMC, GPhC or HCPC, without sanction or restriction to practice  |
| Have evidence of a Disclosure and Barring Service (DBS) check  |
| Hold a clinical role at Band 6 or above where independent prescribing is appropriate for service delivery and client need |
| The applicant’s role is one in which independent prescribing is required (see appendix 5) and reflected in the job description |
| successfully completed a Physical assessment course (the type and level of course must be relevant to their field and level of practice and discussed and agreed with the NMP Lead/nominated deputy) and or psycho-pharmacology course where relevant. |
| If intending to prescribe medicines for mental health care, must first successfully complete a psycho-pharmacology course (as discussed and agreed with the NMP Lead/nominated deputy) to understand the biological basis, pharmacokinetics and pharmacodynamics of drugs used in mental health. (The supplementary/independent prescribing course only covers pharmacology for medicines used in the physical health setting). |
| Provide evidence of successful study at degree level, ability to study to Master’s level with appropriate numeracy skills. |
| Applicants are willing, eligible and able to undertake the preparatory courses and the prescribing course |
| Their subsequent prescribing practice will provide maximum benefits to patients in their local services.  |
| agree to prescribe after qualification and will have sufficient opportunity to prescribe and maintain competence and confidence after the training is complete. |
|  | They have the support of a GP/Consultant/experienced NMP from their area of practice who is eligible and willing to act as the Designated Prescribing Practitioner (see appendix 4 for specific guidance and requirements). |
| **All applicants must:** have the support of their line manager, Clinical and Service Directors who will be expected to confirm that the candidate’s post is one in which there is a clinical need and opportunity to prescribe; and protected time for study leave. have a current (within the last three years) enhanced disclosure from the Disclosure Barring Service have access to a prescribing budget on completion of the course with sufficient knowledge to apply prescribing principles taught on the programme to their own field of practice.Be able to demonstrate appropriate numeracy and literacy skillsThe employer must support the applicants to develop their area of practice and ensure that they have access to continuing professional development opportunities on completion of the course.  |
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**9 Selection process for non-medical prescribing qualification**

* The need for non-medical prescribing services must be clearly demonstrated in terms of patient or service-user benefit with minimum risk. Careful consideration must be given to the type of non-medical prescriber required (See Sections 7 & 8 above & Appendix 5).
* Prior to applying for non-medical prescribing, the individual and their Manager must satisfy themselves that the individual and service meet the criteria in the ‘Guidance for Assessing Suitability for Non-medical Prescribing’ (appendix 5) and the eligibility criteria for the relevant type of prescriber (sections 7 & 8 above). Additionally, the Manager must ensure that the service is able to support the amount of study leave, supervised practice and assessment period required without compromising service delivery.
* The candidate must also have the support of a suitable Designated Prescribing Practitioner, experienced in the field of practice in which the prescriber is seeking the qualification.
* The amount of study required is substantial. The independent/supplementary prescribing course currently requires a minimum of 38 days - 26 taught days plus 12 days supervised practice. This is **exclusive** of any of the preparatory courses. Should the candidate not already be in possession of recognised physical assessment and psycho-pharmacology courses, these will need to be obtained prior to any application for a prescribing course is considered. .
* Preparation for non-medical prescribing represents a significant financial and service investment. Careful consideration must be given to the need for non-medical prescribing and the candidate’s suitability.
* The individual MUST be willing to undertake, and/or have successfully completed, a relevant physical assessment course. Additionally, those intending to prescribe medicines for mental health illness must have successfully completed a psycho-pharmacology course in order to learn about the pharmacokinetics and pharmacodynamics of such medicines. Candidates who have not/cannot provide evidence of completion of the above courses will be required to undertake them (the type and level of course must be relevant to their field and level of practice, and discussed and agreed with the NMP Lead/nominated deputy before being considered for independent prescribing).
* The individual must be at a minimum of Band 6 in clinical practice
* If deemed suitable, the individual wishing to become a prescriber must discuss this with the Non-Medical Prescribing Lead/nominated deputy. Their eligibility to meet the minimum criteria of the particular prescribing qualification they wish to obtain (as outlined in Sections 7 and 8 above) will be assessed along with the criteria set out in Appendix 5 ‘Guidance for assessing suitability for non-medical prescribing’.
* The individual will be asked to complete and return the relevant application form to the Non-medical Prescribing Lead/nominated deputy, who will then seek funding to support the tuition fees, and process the application. Only programmes approved by the NMC, HCPC or GPhC will be supported.
* If funding is not available, the individual and their Manager will be advised accordingly. The Non-medical Prescribing Lead will be advised so that the impact and risk to service delivery can be assessed and escalated as appropriate.

1. **Responsibilities of Staff Involved in Non-Medical Prescribing**
	1. The **Chief Executive** has overall legal responsibility for the quality of care patients receive and for securing patient safety.
	2. The **Non-Medical Prescribing Lead/nominated deputy** has responsibility to:

 - promote non-medical prescribing

- cascade information received from the Department of Health (DH)/NHS

 England about changes in non-medical prescribing

 - Work in partnership with Universities to assist in the development of NMP

 Programmes, the quality and availability of training

 - Supervise maintenance of the Non-Medical Prescriber database and

 register. The register will include the name of the prescriber, type of

 prescriber/qualification and when obtained and area of work,

 Professional Registration number, specimen signature

 - Represent the Trust at local and National levels

 - Help secure funding for training

 - order prescription pads as requested

 - Facilitate DH monitoring requirements

 - Screen and authorise applications for NMP, acting as the central point for

 the co-ordination of applications.

 - Register and de-register NMPs with the NHSBSA

 - Ensure validation of the register annually

- Ensure a safe system of prescription pad ordering, delivery and storage in

 line with NHS Counter Fraud Authority guidelines

- Supply information to NHSBSA and DH regarding non- medical prescribing

 as required

- Ensure managers and prescribers are aware of their duty to adhere to this

 policy and medicines legislation

 - Provide advice and support in regard to Non-medical prescribing

- In conjunction with the Pharmacy Lead and Managers, ensure that

 arrangements are in place for assessment of practice, clinical supervision,

 audit, monitoring and continuing professional development for NMPs.

* 1. The **Pharmacy Lead** will:
	+ assist in the ordering of prescription pads, registration/deregistration of staff with the NHSBSA and destruction of prescriptions no longer required
	+ Audit prescription security and maintain record of checks at a minimum of three monthly periods
	+ Where personalised prescriptions are used, analyse ePACT data/prescribing activity to monitor activity and trends in NMP, taking appropriate action if discrepancies or untoward activity noted and informing NMP Lead/nominated deputy, maintaining a log accordingly
	+ Provide Managers with ePACT data for their services
	+ Ensure that the Medicines Committee are aware of medicines being prescribed by NMPs.
	+ Take responsibility for ensuring drug alerts are cascaded effectively
	+ Co-ordinate the process in the event of lost/stolen prescriptions
	+ Provide advice and support to NMP
	+ Ensure audits of non-medical prescribing are carried out in line with criteria laid out by NHS England/DH, formulating and implementing action plans as necessary
	1. The **Line Manager** will
	+ Ensure that non-medical prescribing is necessary and beneficial to patient care and does not pose unnecessary risk
	+ Ensure that only staff who meet the eligibility criteria are supported to undertake training for NMP
	+ Ensure that the staff member has completed the necessary training/courses in order to prescribe and provide evidence of such to the Non-medical Prescribing Lead
	+ Ensure that the NMP is supervised and assessed in a minimum of 6 prescribing activities following completion of the qualification and deemed competent before being permitted to act independently
	+ Ensure that the NMP engages in CPD relevant to their prescribing practice and maintains evidence of such in their portfolio
	+ Ensure that the NMP has read and adheres to this Policy and related National guidance and legislation
	+ Ensure the NMP’s job description includes their role, responsibilities and scope of practice in relation to Non-medical Prescribing (see Appendix 9 for example)
	+ Undertake regular appraisal of prescribing activity to ensure adherence to local and National guidance
	+ Support CPD and clinical supervision, ensuring this forms part of the NMP’s personal development plan, including review of the NMP’s competence against the standards in the Competency Framework for All Prescribers (Royal Pharmaceutical Society/NICE 2016,Appendix 8) at yearly appraisal
	+ Ensure that prescription security measures are followed
	+ Notify the NMP Lead of NMPs leaving or joining the Trust, awaiting

 confirmation of entry to the Trust register from the NMP Lead before

 permitting the NMP to prescribe

* + Ensure that prescription pads are returned for safe keeping or sent to the Pharmacy Lead for destruction if the staff member is absent for a long period of time or leaves employment, as part of leaver’s checklist
	1. The **Non-Medical Prescriber** will
	+ Adhere to Policy, National/local guidance, the Law and their professional code of conduct
	+ Ensure that their professional registration is current and active
	+ Ensure that their role as a prescriber is clearly described in their job description (see Appendix 9 for example script)
	+ Ensure that they provide evidence-based, safe, cost effective prescribing to their patients/clients at all times
	+ keep accurate, legible, unambiguous and contemporaneous records of a patient’s care
	+ Monitor patient’s progress to treatment and take action accordingly
	+ Act and prescribe only in accordance with their sphere of competence and work and any approved local team formularies and/or Clinical Commissioning Group agreed formularies)
	+ accept responsibility and accountability for their prescribing decisions and practice
	+ Ensure that patients are aware of the scope and limits of non-medical prescribing and ensure patients understand their rights in relation to non-medical prescribing. Patients have the right to refuse treatment/prescribing from a NMP
	+ Ensure their patients are referred to other healthcare professionals as necessary to access other aspects of their healthcare
	+ Ensure that prescriptions are written legibly and legally with due attention given to ensure all details are correct
	+ Ensure that they comply with prescription security and, where personalised prescriptions are used, maintain a personal record of prescription numbers
	+ Ensure that they provide required information for the register/database
	+ Co-operate with audit, monitoring and investigations
	+ Be prepared to submit clinical management plans (CMPs) to the Medicines Management Committee as requested and be willing to share these as appropriate
	+ Take part in peer review/discussions about prescribing with the Consultant of the service as requested (See Appendix 7 for Peer review form).
	+ Hold appropriate indemnity insurance (ELFT employees are covered by Trust Indemnity)[Subscribe to the NICE website to receive up-to-date information in relation to their sphere of practice](https://www.nice.org.uk/news/nice-newsletters-and-alerts/subscribe-to-medicine-and-prescribing-alerts)
	+ Ensure that they engage in appropriate CPD so that their practice is up-to-date, ensure their prescribing forms part of their regular supervision and annual appraisal and submit evidence of the same on request.
	+ Accept that it is their responsibility to ensure that they remain up to date on therapeutics in their field of prescribing practice and on changes in National and local prescribing policy
	+ Accept that in order to continue as a NMP at ELFT, the NMP must be able to provide evidence of their continued competence and professional development to the NMP Lead/nominated Deputy on request. *A Competency Framework for All Prescribers (Royal Pharmaceutical Society/NICE 2020)* provides the minimum standards of competency for prescribing and should be completed/updated every year and reviewed with the Line Manager at annual appraisal.
	+ Accept that if they have not prescribed for a period of 3 months the reasons for this will be investigated and may result in a period of supervised practice or suspension from NMP or removal from the register
	+ Should not dispense medication for a prescription they have written. Prescribing and dispensing should remain separate activities. If this is not possible, then a second checker should be present for dispensing
	+ Inform the Non-medical Prescribing Lead of any changes in their circumstances, including any change in personal and contact details
	+ Must never write a prescription for themselves, friends or family members. They are entitled to prescribe only for patients directly under their care in their normal working practice.
	+ Ensure they have access to e-BNF in
1. **Prescription Security**
* The safe management of prescriptions is a fundamental aspect of prescribing and

professional practice. Standards for prescription security have been set by the NHS Counter Fraud Authority (*Management and Control of Prescription Forms, a guide for prescribers and health organisations March 2018 Version 1.0)*. All NMPs must adhere to these standards and the Trust FP10 Policy. Please see the intranet for the policy.

* Staff not exercising due diligence in prescription security render themselves liable to disciplinary action.
* The NMP can only prescribe medicines on a prescription pad bearing his/her own unique prescribing code (this is currently the Nurse’s NMC PIN number, HCPC registration number or Pharmacist’s GPhC number), on a prescription designated for departmental use or via EMIS using their personal identifier number. The NMP **MUST NEVER** use a prescription pad or EMIS number belonging to another prescriber or allow their prescriptions to be used by someone else.
* Prescription pads must be kept in a secure, locked cupboard or safe, access to which is restricted. If a departmental safe/cupboard is used access should be restricted. A record of all prescriptions kept within must be maintained, with a signing in/out

system in operation. This will be regularly audited by the Pharmacist or a deputy as delegated by the local NMP lead.

* Prescription pads must never be left unsecured or unattended; this includes not leaving prescriptions in a car/vehicle that is unattended. Patients, temporary staff and visitors should never be left alone with prescription forms.
* The NMP must ensure the security of prescription pads at all times. Only one pad should be in use at a time and the NMP must, at the end of the working day, make a separate record of the serial number of the prescription at the top of the pad i.e. the first remaining prescription form. This will facilitate early detection of any prescription(s) that may be stolen.
* Prescription pads remain, at all times, the property of ELFT. They must not be removed from the premises unless in the course of duty e.g. District Nursing, Community Matron. When travelling between patients the prescription pad must not be visible and must be in a locked compartment e.g. locked in the car boot. The prescription pad must be removed from the car when the car is unattended. At the end of the working day the prescription pad must be returned to a secure place.
* If a NMP terminates their contract of employment or is to be absent from work for a period of greater than 4 weeks, they must return prescriptions to their manager for

safe keeping (in accordance with ‘Leavers’ procedures). The Manager will contact the NMP or Pharmacy Lead /nominated deputy to arrange for collection and destruction of prescriptions.

* The Pharmacy Lead or NMP Lead/nominated deputy will complete and send the notification form to the NHSBSA so that the individual is removed from ELFT’s register and is no longer permitted to prescribe for ELFT, make a record of the serial numbers of prescriptions returned and shred them in the presence of a witness. Two staff (one of which is the Pharmacy Lead or NMP Lead/nominated deputy) will witness the destruction of prescriptions and sign the ‘Destroyed Prescription’ record. The Destroyed Prescription Record will be held by the NMP Lead for a period of 2 years.
* A maximum of 3 months’ supply of paper prescription forms will be enforced to

 minimise risk.

* Blank prescription forms must never be pre-signed.
1. **Electronic Prescriptions System (EPS):**

The Electronic Prescription Service (EPS) is a way of issuing prescriptions and electronic signing of prescriptions which represents the prescriber’s authorisation. Where this is in practice in the Trust, it will be important to bear in mind that:

* Prescriptions that are electronically sent to the NHS spine for access by the dispensing pharmacy, must be authorised by the prescriber. Authorisation is represented by the prescriber’s electronic signature.
* The signature must only be known to the prescriber and not be used by any other person than the authoriser who is also the prescriber.
* The practice area must have a robust protocol for the electronic issue of prescriptions including repeat dispensing which meets clinical governance and risk management practices.
* Currently, EPS may not be used for Controlled Drugs in some areas.
* The local non-medical prescribing lead will ensure that any anomalies noted during the monitoring of a Non-Medical Prescriber’s electronic prescribing data are highlighted to the Non-Medical Prescriber and the Trust Non-Medical Prescribing Lead for shared learning.

**12.1 Computer Generated Prescriptions:**

* All non-Medical prescribers must work to the standards set by their professional bodies. Therefore, non-medical prescribers can prescribe via computer-generated prescriptions providing the necessary software is available
* A visible audit trail of your prescribing actions must be maintained.
* You must never tamper with existing prescriber’s details on a prescription or add your own prescribing details, whether that be handwritten or by stamp
* Prescriptions should always be signed immediately
* Prescriptions must never be written or printed-off and signed in advance, and then stored for future use.
	1. **Prescription Ordering**
* It is the responsibility of the NMP to ensure that they have a sufficient supply of prescriptions in order to meet the needs of the patient/service, but, for security reasons, will not be permitted to have more than 3 months’ supply
* The NMP should allow 2 weeks for the ordering and delivery of prescription forms.
* For each Directorate there will be a central ordering and delivery point. The NMP is advised to contact their local NMP Lead for full details on the ordering, delivery and collection process for prescription forms. See Appendix 10 for list of NMP Leads.
1. **Lost or Stolen Prescriptions**
* The NMP, NMP Lead, Pharmacist and the Administrator responsible for receipt and collection of prescription forms must ensure that at all times prescriptions are securely stored and there is an up-to-date record, including the serial numbers, of prescription forms. This will help prevent theft/loss of prescriptions and allow Security Services and Pharmacies to identify bogus prescriptions. Please see FP10 policy.
* **Any loss or theft of prescriptions must be reported immediately** (see appendix 7 for algorithm/process to follow). The NMP must give details of how the loss/theft occurred and the serial numbers of the prescriptions lost/stolen. The NMP is required to co-operate at all times with the process and any investigation. The Police

and Local Security Management Services (LSMS) will be advised of any lost or stolen prescriptions by the NMP Lead or nominated deputy/Pharmacy Lead. The LSMS will advise the Counter Fraud Authority (CFA). The LSMS and CFA are trained and accredited to undertake investigations involving theft and fraud to a level whereby they can prepare statements and present evidence in Court.

* To support the early detection of a stolen prescription that may be used illegitimately, the NMP will be required to write prescriptions in a different colour for a specified period following the loss or theft of prescription (usually 2 months) – they will be advised of this at the time of reporting the loss/theft.
* The loss or theft of prescriptions is a serious matter which can pose a risk to the public and must be reported immediately so that action can be taken to prevent their illegal use. All loss or theft will be subject to investigation. If such investigation reveals that the NMP breached this policy and best practice, disciplinary action may be taken.

**14 Liability and Professional Indemnity**

* NMPs are accountable for all aspects of their prescribing decisions. The NMP is individually and professionally accountable for his/her prescribing decision, action and omission and cannot delegate this accountability to another person. This accountability extends to decisions taken to recommend ‘over the counter’ items.
* The NMP must ensure that their prescribing activity is within their sphere of competence and nature of work, is safe, cost effective, consistent with the clinical need of the patient and in line with National and local guidance/formulary.
* The role of other people in the delivery of health care to service users must be recognised and respected.
* The NMP must recognise and deal with pressures (e.g. from the pharmaceutical industry, patients, relatives or colleagues) that might inappropriately affect their prescribing decision and refuse to be influenced by such pressures. Any prescription must be in the best interests of the patient only. The NMP must report such pressure to the Chief Pharmacist and Non-medical Prescribing Lead/nominated deputy.
* Where a NMP is appropriately trained and qualified and provided he/she prescribes with the consent of the employer as part of their professional duties and in accordance with their competence and scope of practice, the employer’s policies and the Law, the employer is held vicariously liable for their actions. In addition NMPs are accountable to their Professional Regulatory Body.
* All NMPs must ensure they have sufficient professional indemnity insurance. Where not covered by Employer liability. Comprehensive Professional Indemnity Insurance may be obtained from their professional organisation, trade union or insurance provider.
* NMPs risk invalidation of their indemnity cover if they fail to disclose membership of a provider to other professional / union or insurance bodies that they are insured with. The Indemnity Insurance must provide adequate cover for their prescribing practice.

 Both the employer and employee should ensure that the employee’s job description includes a clear statement that prescribing is required as part of the duties of that post or service (see Appendix 9 for suggested wording).

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1. **Audit & Governance**
* The NMP and ELFT are both responsible for ensuring safe systems of operation, quality, best practice and cost-effectiveness.
* NMPs are responsible for ensuring that they remain fit for practice by engaging in relevant continuing professional development and keeping up-to-date in regard to prescribing policy and developments in their area of prescribing.
* Peer review of prescribing activity of each prescriber will be undertaken at least annually. The NMP is responsible for arranging this and providing evidence of the same to their Manager at yearly appraisal and to the NMP Lead on request.
* The Pharmacy Lead will ensure that ePACT data is scrutinised every three months and prescribing activity is appropriate. The Pharmacy Lead will act immediately if ePACT data reveals anomalies in the NMP prescribing activity and their sphere of practice or agreed formulary.
* The Pharmacy Lead and NMP Lead/nominated deputy will ensure that audits are carried out in relation to prescription storage and security at least three monthly.
* Incidents related to non-medical prescribing will be monitored by the Pharmacy Lead and Non-medical Prescribing Lead/nominated deputy and actioned accordingly.
* A register of the number and type of non-medical prescribers will be monitored, along with the numbers of candidates who did not successfully complete the course(s) and the reasons behind this.
* NMPs will present their portfolio of CPD for inspection by the NMP Lead/nominated deputy when requested. NICE have published a competence framework (written by Royal Pharmaceutical Society (RPS) which facilitates maintenance of competence which NMPs are required to complete and update yearly, and which should be discussed at yearly appraisal.
* A yearly internal audit of adherence to this policy will be carried out by the NMP Lead or nominated deputy and Pharmacy Lead/nominated deputy, with action plans devised accordingly.

**16.0 New Staff, Bank/Agency/Temporary staff, return to practice & changing prescribing specialty**

* Staff new to the Trust or returning to practice that hold a NMP qualification must meet with the NMP Lead/nominated deputy to discuss their previous prescribing activity, their intended activity, provide evidence of their qualifications (including physical assessment and psychopharmacology (where relevant)), professional registration number, completed self-assessment against the competences in the *Competency Framework for all Prescribers (2021).* A template can be downloaded via <https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/supporting-tools#template> and a copy of their job description showing the need to prescribe in their role before authorisation to prescribe will be given (see 16.3).
* A NMP intending to change their scope of practice must meet with their line manager and the Non-medical Prescribing Lead/nominated deputy before doing so in order to discuss their suitability to prescribe in the new scope. The NMP must complete a new scope of practice document and provide evidence of a minimum of one year’s (or part time equivalent) experience in the new field and written support from their Line Manager and Consultant about their suitability and need to act as a NMP in the new role/area. For Mental health practitioners, a case study is also required demonstrating psychopharmacological knowledge, which is assessed by NMP lead (mental health and substance use) and the Consultant.
* NMPs new to the Trust, NMPs returning to practice, NMPs who have not prescribed for six months or more and NMPs wishing to change their scope of practice/prescribing specialty must not prescribe until their capability has been discussed with the Non-medical prescribing Lead/nominated deputy and any educational needs addressed. **In all cases** they will be subject to a minimum of 6 assessed prescriptions and the Assessment Form (Appendix 7) completed. The assessor must be an experienced NMP of the same qualification or a Designated Prescribing Practitioner in the field of expertise who is willing to offer the supervision/assessment and sign the declaration on the Assessment Form that the NMP is competent. The completed assessment form with signed declaration will be given to the Non-medical prescribing Lead/nominated deputy and held on record. The NMP will not be permitted to prescribe until this criterion has been fulfilled.

 For mental health and substance use NMP’s, they must complete the Trust Psychopharmacology course within a year of starting. They should also provide evidence of a post graduate physical health course or complete one as CPD. Should they fail these courses, then their prescribing would need to be suspended until they passed the courses.

* Staff with a NMP qualification who work on a casual, temporary, Bank or Agency basis are not permitted to prescribe unless the Service Manager and Clinical Lead feel that this directive is compromising patient care. the Service Manager must verify the prescriber’s CV, qualifications and prescribing experience and then discuss this with the NMP Lead/nominated deputy if further clarification is required. The Service Manager is ultimately responsible and accountable for the decision The Service Manager must also inform the NMP Lead/nominated deputy of the decision and details of the prescriber.

**17.0 Gifts, benefits, and Representatives from Pharmaceutical industry**

* The advertising and promotion of medicines is strictly regulated. The NMP must make their choice of medicine based on clinical suitability, evidence, cost effectiveness and in accordance with Trust policies and any locally agreed formularies. Any complaints about promotional practices should be referred to the Chief Pharmacist for action and reporting to the MHRA or Prescription Medicines Code of Practice Authority.
* NMPs should not meet with Representatives from the Pharmaceutical Industry unless this is to discuss essential updates on medicines or products which are already on the Trust’s formulary/any agreed local formularies. If information about new drugs is being promoted the NMP must refer the Representative to the Chief Pharmacist. Under no circumstances should the NMP agree to prescribe or purchase medication. If in doubt, the NMP must contact the Chief Pharmacist who has access to unbiased, high quality medicines information and can pass on information from the pharmaceutical industry if necessary.
* NMPs wishing to use new drugs that are not on their local formulary must first discuss the appropriateness of this with the Chief Pharmacist and Non-medical Prescribing Lead/nominated deputy who will guide them on how to make an application to the Medicines Committee.
* NMPs must not accept or use free samples or starter packs. Representatives wishing to provide free samples or starter packs must be referred to the Chief Pharmacist.
* NMPs are referred to their Regulatory Body’s Professional Code and to ELFT Policy in relation to the accepting of gifts. NMPs must ensure that a gift may not be construed as inducement, favour or conflict of interest. If in doubt, the NMP must discuss with their Professional Lead (Director of Nursing or Chief Pharmacist)

**18.0 Adverse Reaction Reporting – MHRA Yellow Card Scheme**

* If a patient suffers a suspected adverse reaction to a prescription only medicine

 (POM), over the counter (GSL), pharmacy only (P) or herbal medicine, it should be

 reported via the Yellow Card Scheme.

* Adverse drug reactions can be reported using Electronic Yellow Card Scheme. This is available on the MCA website http://www.mhra.gov.uk/yellowcard

* Yellow cards are situated in the rear of the BNF
* The MHRA and Commission on Human Medicines (CHM) encourage the reporting of

 All suspected adverse drug reactions to newly licensed medicines that are under

intensive monitoring. These drugs are indicated by the following symbol **▼** in the product information and in the BNF.

* The MHRA and CHM encourage the reporting of all serious suspected adverse drug

reactions to all other established drugs. (Serious equates to reactions that are fatal, life threatening, disabling, incapacitating or result in prolonged hospitalisation and / or are medically significant).

* All supplementary non-medical prescribers should notify the independent prescriber

(Doctor or Dentist) accordingly and follow local policy with regard to incident reporting.

* Any adverse event must be recorded in the patient record, local policy regarding

 Incidents must be followed up and the GP/responsible clinician made aware.

1. **Incident Reporting**
* All NMPs should report any episode whereby a patient has been caused harm or

 could have been caused harm (near miss) due to an adverse incident involving

 medicines. This should be reported using both local and national reporting systems.

 The National Reporting and Learning System (NRLS) draw together information on

 adverse incidents. All NHS Organisations must submit reports of patient safety

 incidents to the NRLS.

* The NRLS allows the reporting of incidents confidentially and anonymously.
* NMPs who are directly employed by NHS organisations must adhere to their

organisation’s incident reporting policy (for example SafeMed, Datix), this process then reports directly to the NRLS.

* NMPs who are, or are employed by, independent contractors can report through their

 Commissioning organisation’s system or access direct reporting to the NHSI, using

 the electronic reporting form known as the eForm available on the NHSI website at

 https://www.gov.uk/report-problem-medicine-medical-device

1. **Drug and appliance alerts**
* Drug and appliance alerts are cascaded to Trust staff via Pharmacy and Clinical Governance Department. All NMPs must ensure that they read and take appropriate action in relation to these alerts.
1. **Record Keeping**
* All health care professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient’s care. NMPs should adhere to their own professional / regulatory body’s standards for record keeping.
* All NMPs are required to document details of the prescription and the consultation into the shared patient record as soon as possible or within 48 hours from the time of writing the prescription unless there are exceptional circumstances (e.g. weekend or Public Holiday, though documentation must occur as soon as possible).

The record should indicate the following:

* The date and time of the prescription.
* The name of the NMP (and that they are acting as a Nurse or Pharmacist independent prescriber or a community Nurse prescriber or a Nurse, Pharmacist or AHP supplementary prescriber).
* The name, strength and form of the item prescribed, quantity supplied, the dosing frequency, the route of administration, and duration of treatment.
* In the case of dressings, details of how the wound should be treated and cleaned and what dressings should be used and how they should be applied as well as the frequency of change.
* Advice given regarding General Sales List and Pharmacy medicines should also be recorded.
* Circumstances, such as an acute exacerbation of the patient’s condition may necessitate that the NMP notifies/liaises with the medical prescriber (i.e. GP or Consultant) before issuing a prescription. This notification/liaison should be clearly documented in the common patient record
* The record should indicate details from the patient consultation, including history, the assessment and diagnosis.
* Advice given related to the patient’s treatment and / or health promotion should also be recorded.
1. **Writing a prescription**

Detailed advice on prescription writing is contained in the British National Formulary. All NMPs must adhere to the guidance given.

**23.0 Repeat Prescriptions**

* Unless specifically stated in the job role/description repeat prescriptions are not usually prescribed by NMPs other than for wound dressings or medications that require monitoring by secondary/

specialist services, repeat prescriptions are not usually issued by NMPs – it is the responsibility of the General Practitioner to monitor, review and re-prescribe medication.

* In exceptional circumstances, where a delay to obtaining medication would pose a clinical risk/harm, a repeat prescription for medicines may be issued but only when it is possible to ensure response to treatment can be monitored, review by the responsible medical practitioner regularly takes place and a medication review can be carried out.
* If a NMP issues a repeat prescription for a medicine initiated by another, s/he must

still undertake their own assessment of the patient

**24.0 Remote Prescribing**

* It is recognised that care is delivered in a range of geographical locations. The

Prescriber may be asked to prescribe medication remotely.

* Prescribing usually follows a face-to-face consultation between a patient and NMP,

and includes an assessment of the patient prior to the NMP making a prescribing

decision with that patient.

* There will be instances where it is in the best interests of a patient, whose prescribing has already been initiated within an established system of care, for an NMP to apply their knowledge, skill and competence, and prescribe for someone they have not personally seen, in order to ensure safe continuity of care. Such decision to prescribe would be informed by the NMP’s knowledge of a comprehensive assessment(s) and clinical review and the governance systems that underpin prescribing within their service.
* The decision to prescribe will follow a discussion with the referrer who must be competent in assessment and a review of the clinical record. The NMP can then consider all relevant clinical information, and be in a position to make an appropriate clinical judgement on prescribing in the case in question. In these circumstances the NMP must satisfy themselves that they:
* have conducted an assessment of all appropriate information in order to

 prescribe safely

* feel competent and confident to prescribe in this situation, and within the

 established system of care and clinical governance

* Remote prescribing is only appropriate for some drugs and treatments, and for some

patients. The NMP must ensure that s/he can make an adequate assessment (including access to the patient’s record), that there is sufficient justification to prescribe the medicine/treatment proposed and s/he has considered the limitations of electronic communication (phone, internet, Skype etc) when consulting and prescribing remotely.

* If prescribing for a patient in a care or nursing home or hospice, the NMP should communicate with the patient (or, if that is not practicable, the person caring for them) to make the assessment and to provide the necessary information and advice. The NMP must make sure that any instructions, for example for administration or monitoring the patient’s condition, are understood and send written confirmation as soon as possible.
* Only when the NMP has adequate knowledge of the patient’s health, and is satisfied that the medicines serve the patient’s needs, may s/he prescribe remotely
* A remote consultation/prescription, whether by phone, email or web, forms part of the patient’s record and should be stored securely.
* Injectable cosmetic treatments must not be prescribed remotely.
* The legal responsibility for prescribing lies with the person who signs the prescription and it is this person who will be held to account should something go wrong. This responsibility is the same whether it is a first or repeat prescription.
* If prescribing on the recommendation of another healthcare professional who does not have prescribing rights, the NMP must be satisfied that the prescription is appropriate for the patient concerned. This applies equally to repeat prescriptions.
* In the Primary Care setting, the prescriber may receive a written request from a Specialist/Hospital service to issue a prescription. The NMP must ensure that the request aligns with product information in the BNF and monitoring requirements are in place

**25.0 Transcribing of Medication**

* Transcription is not prescribing and is not covered by the Medicines Act or Human Medicines Regulations 2012
* Transcribing in ELFT is **only permissible in the Community Health Services Directorate** (District Nursing Newham, Tower Hamlets & Bedford, East Ham Care Centre) by staff who have received additional training. Transcribing is not permitted in any other service. There is separate guidance on this available on the Trust intranet: *Procedure for the transcribing of medication for the purpose of recording administration in community health services. Please see the intranet for Transcribing policy*

**Appendix 1 SCOPE OF PRACTICE**

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**Appendix 2 Controlled Drugs non-medical independent prescribers may commonly prescribe**

|  |  |  |
| --- | --- | --- |
| **Medicinal product** | **Indication**  | **Route of administration** |
| Buprenorphine  | Palliative care | Transdermal |
| Chlordiazepoxide hydrochloride | Treatment of initial or acute withdrawal symptoms caused by the withdrawal of alcohol from persons habituated to it | Oral |
| Codeine phosphate | Any medical condition | Oral |
| Diamorphine hydrochloride | Pain relief in respect of suspected myocardial infarction; for relief of acute or severe pain after trauma including in either case post-operative relief; palliative care | Oral or parenteral |
| Diazepam | Palliative care | Oral, parenteral or rectal |
| Dihydrocodeine tartrate | Any medical condition | Oral |
| Fentanyl | Palliative care | Transdermal |
| Lorazepam | Palliative care | Oral or parenteral |
| Midazolam | Palliative care | Parenteral |
| Morphine hydrochloride | Palliative care | Oral or rectal |
| Morphine sulphate | Pain relief in respect of suspected myocardial infarction; relief of acute or severe pain after trauma including in either case post-operative relief; palliative care | Oral, parenteral or rectal |
| Oxycodone hydrochloride | Palliative care | Oral or parenteral |

**Appendix 3**

**The Clinical Management Plan**

|  |  |
| --- | --- |
| Patient Name:Address: | Clinical Team:RMO:Keyworker/Care Co-ordinator |
| Current Medication:Drug Sensitivities/Allergies | Past Psychiatric History:Past Medical History:History of risk: |
| Independent Prescriber(s) (IP)ConsultantContact details (tel/e-mail/address) | Supplementary Prescriber(s) (SP)Contact details (tel/e-mail/address) |
| Condition(s) to be treated: | Aim of Treatment: |
| Medicines that may be prescribed by SP |
| Preparation | Indication | Dose Schedule | Specific Indications for referral back to (IP) |
| Guides or protocols supporting CMP: |
| Frequency of Review and Monitoring by: |
| Independent Prescriber | Independent Prescriber and Supplementary Prescriber |
| Process for reporting adverse drug reactions: |
| Discussed with Patient: Date (signatures) : By Whom |
| Agreed by IP(S) | Date | Agreed by (SP) | Date | Date agreed with patient/carer |

Appendix 4 The Designated Prescribing Practitioner (DPP)

 (formerly Designated Medical Practitioner (DMP))

Regulatory changes in 2019 mean that experienced non-medical prescribers of any

professional background can become responsible for a trainee prescriber’s period of learning

in practice. This role was formerly carried out by a Designated Medical Practitioner (DMP).

The term Designated Prescribing Practitioner (DPP) has replaced DMP to encompass all

professional backgrounds.

The Royal Pharmaceutical Society has issued a competency framework for role of the

Designated Prescribing Practitioner (DPP) which takes into account the requirements of the

different professional bodies (A Competency Framework for Designated Prescribing

Practitioners 2019 <https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework> )

The curricula for preparing nurses, pharmacists and allied health professionals to become

non-medical Independent prescribers (NMIP) includes no less than 12 days of learning in

practice. This period of learning in practice is to be directed by a DPP (nurses will require 2

experienced prescribers to take the roles of Practice Assessor and Practice Supervisor in

order to meet the NMC Standard for supervision and assessment) who will also be

responsible for assessing whether the learning outcomes have been met and whether the

trainee has acquired certain competencies. Normally these outcomes and competencies will

be identified by the University running the individual courses.

Other prescribing clinicians can provide valuable opportunities for learning and time spent

with them will count towards the 12 days of learning in practice. The DPP (Practice Assessor

for nurses) remains responsible for assessing whether all learning outcomes have been met.

Before taking on the role of DPP, the Doctor/experienced NMIP and the Trust should

consider the competencies needed to effectively undertake the role

The DPP must be a registered practitioner who:

* Is an active prescriber in a patient-facing role with at least three years recent clinical and prescribing responsibility for a group of patients/clients in the trainee’s area of clinical practice
* Is a specialist registrar, clinical assistant, a consultant or a non-medical independent prescriber within a NHS Trust or other NHS employer
* Has the support of the employing organisation or GP practice to act as the DPP who will provide supervision, support and opportunities to develop competence in prescribing practice
* Has experience or training in teaching and/or supervising practice
* Normally works with the trainee prescriber. If this is not possible (such as in nurse-led services or community pharmacy) arrangements can be agreed for another DPP to take on the role provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role

**HCPC & Royal Pharmaceutical Society position:**

Pharmacist, physiotherapist, podiatrist, chiropodist and paramedic applicants must have a named experienced prescriber in the same field of practice to act DPP. The terms ‘practice assessor’ and ‘designated prescribing practitioner’ can be used interchangeably for those supporting Pharmacy and AHP clinicians.

The DPP will typically act as both practice supervisor and practice assessor. Assigning another experienced prescriber to act as a practice supervisor however is possible. The student must complete 12 days (defined as 90 hours) of practice under the supervision and assessment of the DPP.

**NMC:**

A requirement of nurses and midwives when applying for the independent and supplementary prescribing course (V300) is that the student prescriber has agreement from an experienced medical or non-medical prescriber to take the role of practice **supervisor**. They must also have an agreement from a medical or non-medical prescriber to take the role of practice **assessor**. The nurse or midwife **must have a different person for each role.**

There may be exceptional occasions where it is not possible for the supervisor and assessor to be different people. Arrangements in such situations are subject to scrutiny and agreement from the university. Where there is no opportunity for different people to act as supervisor and assessor in the clinical area the student must identify a prescriber who meets the requirements to be a practice assessor. This person will act as both supervisor and assessor. The University will identify an appropriate clinical non-medical prescriber who is able to act as the practice supervisor in a ‘long arm’ style supervision arrangement to support both student and assessor.

The DPP has a crucial role in educating and assessing non-medical prescribers. This involves:

* Establishing a learning contract with the trainee
* Provide supervision, support and shadowing opportunities for the trainee
* Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing
* Facilitating learning by encouraging critical thinking and reflection
* Providing dedicated time and opportunities for the trainee to observe how the DMP conducts a consultation/interview with patients and/or carers and the development of a management plan
* Allowing opportunities for the trainee to carry out consultations and suggest clinical management and prescribing options, which are then discussed with the DMP
* Helping ensure that the trainee integrates theory with practice
* Taking opportunities to allow in-depth discussion and analysis of clinical management using a random case analysis approach, when patient care and prescribing behaviour can be examined further
* Assessing and verifying that, by the end of the course, the trainee is competent to assume the prescribing role

**Appendix 5**

**Guidance for assessing suitability for non-medical prescribing**

|  |  |  |
| --- | --- | --- |
|  | **QUESTIONS FOR CONSIDERATION** | **ANSWER** |
|  | What is the current system for issuing prescriptions for patients? |  |
|  | Why does this system need to change?  |  |
|  | What are the intended benefits for patients/clients?  |  |
|  | Is there an agreed budget for prescribing medicines? |  |
|  | What are the risks of introducing non-medical prescribing and how will these be minimised? |  |
|  | What type of non-medical prescriber are you hoping to develop in your service? Why this type of prescriber? |  |
|  | What are the names of the Service Manager, Clinical Director and Service Director who support the development of non-medical prescribing in your area? |  |
|  |
|  |
|  | What medicines and for what condition(s) are you proposing the prescriber should prescribe? |  |
|  | Is non-medical prescribing requisite for the prospective candidate’s role? |  |
|  | Does the prospective candidate meet the eligibility criteria for the prescribing course? |  |
|  | Can you release the prospective candidate for the required study time including any preparatory courses?  |  |
|  | What is the name of the GP/Consultant from your service area who supports this initiative and is willing for you to prescribe for their patients? |  |
|  | For independent prescribing: What is the name of the GP/Consultant in your service area who is eligible and willing to act as the Designated Prescribing Practitioner (DDP) (formerly Designated Medical Practitioner (DMP)) and supervisor for the course? |  |
|  | Can your service provide supervised practice for the post-qualifying minimum of 3 months? How will this be achieved and who will provide supervision? |  |
|  | What support will be available to the non-medical prescriber in the event of doubt/query of diagnosis or drug? |  |
|  | How will you monitor and audit the effectiveness, quality and safety of the non-medical prescriber? |  |
|  | Does the candidate’s job description state the type of non-medical prescribing as requisite? |  |
|  | Any other useful information  |  |

Appendix 6

 

Assessment Tool for New Prescribers to the Trust, return to practice, changing prescribing specialty

**FORMAL ASSESSMENT**

**RECORD OF SUPERVISED PRACTICE FOR NON-MEDICAL PRESCRIBER (6 occasions)**

**The Supervisor must be an experienced, commensurate Non-Medical Prescriber or Designated Medical Practitioner in the field of expertise in which the Supervisee intends to practice**

**Name of Prescriber (Supervisee)**………………………...........…… **Place of work**...................................................

Manager’s name .........................................................  **Name of Supervisor** ...............................................................

**Supervisor’s Prescribing Qualification**: **Community Nurse Prescriber, Non-medical Independent Prescriber,**

 **Medical Practitioner (Circle as appropriate)**

|  |
| --- |
| **Supervised Practice (1) Date……………**Practice assessed: patient case number:  Clinical presentation, medicine, route & dose prescribed:  I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance Signed………………………………….. Name & Title (Block Letters) ………………………………..  |
| **Supervised Practice (2) Date……………**Practice assessed: patient case number:  Clinical presentation, medicine, route & dose prescribed:  I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance Signed………………………………….. Name & Title (Block Letters) ………………………………..  |
| **Supervised Practice (3) Date……………**Practice assessed: patient case number:  Clinical presentation, medicine, route & dose prescribed:  I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance Signed………………………………….. Name & Title (Block Letters) ………………………………..  |
| **Supervised Practice (4) Date……………**Practice assessed: patient case number:  Clinical presentation, medicine, route & dose prescribed:  I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance Signed………………………………….. Name & Title (Block Letters) ………………………………..  |
| **Supervised Practice (5) Date……………**Practice assessed: patient case number:  Clinical presentation, medicine, route & dose prescribed:  I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance  Signed………………………………….. Name & Title (Block Letters) ......................................................................... |
| **Supervised Practice (6) Date……………**Practice assessed: patient case number:  Clinical presentation, medicine, route & dose prescribed:  I certify that the above named competently assessed patients/clients and prescribed safely and appropriately in accordance with Trust Policy and National Guidance Signed………………………………….. Name & Title (Block Letters) ………………………………..  |

Declaration of Supervisor

I confirm that ....................................................... (Name of supervisee) has demonstrated competence in community nurse/ non-medical independent prescribing (delete as appropriate) in the field of ................................................................. (state specialty/area of work)

Signed........................................................ Name and Designation (block caps) ...................................................Date.................

**Declaration of Supervisee**

I confirm that I have achieved competence in community nurse/non-medical independent prescribing (delete as appropriate) in the field of................................... and am willing to undertake this as part of my role. I will act at all times in accordance with Trust Policy and National Guidance. I am aware of my professional and legal responsibilities. Should my level of proficiency or competency fall, I shall cease practice in this domain, inform my Manager and the Non-Medical Prescribing Lead and seek retraining and re-evaluation.

Signed.......................................................... Name and Designation (block caps)..............................................

***A copy of this document must be given to your Manager and the Non-Medical Prescribing Lead/nominated Deputy***

APPENDIX 7 ANNUAL PEER REVIEW FORM

 Appendix 8

**Missing/lost/stolen prescription form flowchart**

Prescriber/NHS staff immediately reports to Pharmacy Lead and Non-Medical Prescribing (NMP) Lead and completes incident form (Datix).

(Out of Hours – report to the on-call manager).

Information required from prescriber/staff:

* Serial numbers of prescription forms
* Type of prescription form
* Quantity
* Date and time of loss/theft
* Place where loss/theft occurred
* Details of the prescriber from whom prescription forms have been lost/stolen including PIN number
* Contact name and number and place of work

The prescriber must also inform their Line Manager.

Medical Director will decide if local investigation required

Security Services initiates CFSMS national alert if process necessary

If lost/missing/stolen prescription forms are found the Pharmacy Lead and NMP Lead must be informed immediately.

The Pharmacy Lead/NMP Lead will inform

* Clinical Governance Department
* Security Services
* Police

Database is updated with information of stolen/lost/missing prescription forms by Prescription Fraud Team Admin Officer

Security Services will:

* Initiate investigation as appropriate
* Report to NHS Counter Fraud Authority (NHSCFA) <https://cfa.nhs.uk/reportfraud>

Pharmacy Lead/NMP Lead will:

* inform prescriber to write and sign all prescriptions in red for a period of two months
* liaise with the police and obtain a crime number
* inform the Medical Director (Accountable Officer)
* liaise with Clinical Governance Dept. for details of Security Services
* complete the missing/lost/stolen NHS prescription form(s) notification form and send to Security Services
* initiate local notification/alert process advising all local pharmacies and GP surgeries within the area of the loss/theft

The NMP Lead (or on-call manager) will:

* cascade the information to the nurse prescribing leads
* inform the Contractor Services Dept. at the Family Health Services (FHS)

**Prescriber/NHS staff discovers prescription form(s) is missing** **/ lost / stolen**

**Local Counter Fraud Services are notified via CFSMS national alert process**

Appendix 9

**PRESCRIBING COMPETENCY FRAMEWORK**

**Advice on how to use this framework can be found at**

**https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20English%20Competency%20Framework%203.pdf?ver=mctnrKo4YaJDh2nA8N5G3A%3d%3d**



Appendix 10 Example of non-medical prescribing content for job description

**Non-Medical Prescribing Responsibilities**

* Be responsible for prescribing & administering medication accurately.
* To assess the medication needs of service users and to prescribe accordingly within the framework of a clinical management plan and in accordance with Trust policy.
* To demonstrate a working knowledge of the prescription of medication – dosage, effects, side-effects and contra-indications in accordance with the independent and supplementary prescriber’s training and current legislation.
* Be aware of key trends and issues in prescribing data and to maintain up to date knowledge of medicines commonly prescribed.
* To maintain a record of all medicines prescribed for audit purposes.
* To monitor the efficacy of medicines prescribed and manage any side effects appropriately.
* To actively participate in Trust-wide non-medical prescribing group in relation to medication management and the implementation of the Trust Non-Medical Prescribing Policy.
* To provide clinical and professional supervision to junior colleagues, including those undertaking post-graduate study.
* Provide information and training on medication management to the multi-disciplinary team.

Appendix 11 Non-Medical Prescribing Contacts Across the Trust

|  |
| --- |
| TRUST LEAD FOR NON-MEDICAL PRESCRIBINGCAROLINE OGUNSOLA – c.ogunsola@nhs.net - 07901 009 092 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | AREA |  | NAME  | DESIGNATION | CONTACT DETAILS  |
| COMMUNITY HEALTH SERVICES:  |  |  |  |  |
|  | Bedfordshire  | Nurses & AHPs | Caroline White  | Deputy Lead Nurse | caroline.white@nhs.net 07917 214 435 |
|  |  | Pharmacist  | Veena Shivnath | Directorate Lead Pharmacist | veena.shivnath@nhs.net 07435 733996 |
|  |  |  |  |  |  |
|  | Newham  | Nurses & AHPs | Caroline Ogunsola  | Professional Dev Lead Nurse | c.ogunsola@nhs.net 07901 009 092 |
|  |  | Pharmacist  | Chinedu Ogbuefi | Directorate Lead Pharmacist | chined.ogbuefi@nhs.net07741 295 817 |
|  |  |  |  |  |  |
|  | Tower Hamlets  | Nurse  | Nike Bademosi | Lead Nurse  | nike.bademosi@nhs.net 07773 394 209 / 07412 674 989 |
|  |  | Pharmacist  | Fatima Hafesji  | Directorate Lead Pharmacist | fatima.hafesji@nhs.net 07920 244 262 |
|  |  |  |  |  |  |
| MENTAL HEALTH SERVICES  |  |  |  |  |
|  | Mental Health & Substance Use Lead | Nurse  | Claire Lynch | Non-Medical Prescribing Lead for Mental Health and Substance Use | Claire.lynch6@nhs.net |
|  |  | Pharmacist |  |  |  |
|  |  |  |  |  |  |
| PRIMARY CARE  |  |  |  |  |
|  |  | Nurse  | Caroline Ogunsola  | Professional Dev Lead Nurse c.ogunsola@nhs.net  | c.ogunsola@nhs.net 07901 009 092 |
|  |  | Pharmacist  | Quynh Nguyen | Directorate Lead Pharmacist | quynh.nguyen@nhs.net |
|  |  |  |  |  |  |
| PHARMACY |  |  |  |  |
|  | Pharmacy | Pharmacist | Andrea Okoloekwe | Interim Chief PharmacistNMP Lead Pharmacist | andrea.okoloekwe@nhs.net07903 565 500 |
|  | Pharmacy | Pharmacist  | Simmy Daniel | Education and Training & Tower Hamlets Clinical lead pharmacist,Non-Medical Prescriber | simmy.daniel1@nhs.net 07973 174 613 |
|  |  |  |  |  |  |