NURSE PRESCRIBING POLICY

1. Introduction

1.1. As part of the NHS plans to improve access to medicines and to make better use of health professional skills a number of legislative changes have been put in place to enable suitably trained and qualified professionals to undertake the prescribing of a range of prescription only medicines.

1.2. East Hampshire, Fareham & Gosport and Portsmouth City Primary Care Trusts recognise the 1992 Medicinal Product Prescription by Nurses' Act, which saw the introduction of community nurse prescribing. The PCTs also recognise section 63 of the Health and Social Care Act 2001 which saw the extension of prescribing responsibilities to cover other health professionals and which also enabled the introduction of new types of prescriber, for example supplementary prescribers.

1.3. As well as improving access to medicines the PCTS believe these developments will significantly improve patient care. This policy sets out what is expected of practitioners and what action they need to take in order to prescribe drugs safely and effectively

2. Definitions

There are a number of forms of non-medical prescribing:

2.1 Independent Nurse Prescribing

Independent prescribing means that the prescriber takes responsibility for the clinical assessment of the patients, establishing a diagnosis and the clinical management required, as well as for prescribing where necessary and the appropriateness of that prescription. There are currently two types of independent nurse prescriber:

- Qualified District Nurses and Health Visitors, who following training, are able prescribe from a limited formulary of products, known as the Nurse Prescribers Formulary (NPF) for District Nurses and Health Visitors
- Extended Formulary Nurse Prescribers. Level 1 registered nurses and midwives may now train to prescribe from the Nurse Prescribers Extended Formulary which includes all medicines in the NPF, plus all pharmacy and General Sales List medicines available on the NHS and a range of about 140 Prescription Only Medicines (POMs). The prescribing of these should be restricted to use in one of the following four categories: minor illness, minor injury, health promotion and palliative care.

2.2 Supplementary Prescribing

Supplementary prescribing is a voluntary partnership between an independent prescriber (currently doctor or dentist) and a supplementary prescriber, to implement an agreed patient specific Clinical Management Plan with the patients agreement. Currently 1st level registered nurses and pharmacists may undertake training and be registered as supplementary prescribers if there is an identified clinical need.

There is no specific formulary for supplementary prescribing, provided the item is allowed on the NHS and specified in the Clinical Management Plan it can be prescribed by a supplementary prescriber, with the current exception of Controlled Drugs.

Produced in Conjunction with East Hampshire and Portsmouth City Primary Care Trusts

The term "Nurse Prescriber" is a generic term for all nurses who are registered to prescribe. Supplementary prescribing by pharmacists is currently outside of the scope of this policy

3. Aim of Policy

3.1. This policy will ensure:

- Clarification of the professional responsibilities of the Nurse Prescriber.
- Standards for safe and efficient prescribing practices are met

4. Scope of Policy

4.1. The term "Nurse Prescriber" is a generic term for all nurses who are registered to prescribe and who are registered on part 1, 3, 5, 8, 10, 11, 12, 13, 14 or 15 of the register maintained by the N.M.C. (Nursing and Midwifery Council).

4.2. The term nurse prescriber is used throughout this policy, which covers the prescribing by any nurse, employed as a nurse prescriber either by the PCTs or a GP practice.

4.3. Nurse Prescribers employed by the PCT, but working within Portsmouth Hospitals NHS Trust (PHT) will need to have due regard for the Nurse Prescribing policy of PHT

4.4. Supplementary prescribing by pharmacists is currently outside of the scope of this policy.

5. Responsibilities and Accountability.

5.1. Nurse Prescribers are responsible for their own practice in the prescription of medicines to patients, including establishing their competence and legal responsibilities. Nurse Prescribers have a professional responsibility to adhere to the Code of Professional Conduct (N.M.C. 2002) Every Nurse Prescriber should ensure that he/she has a personal copy of this document for reference purposes.

5.2. Accountability and responsibility for a prescription rests with the nurse who has issued that prescription.

5.3. Service managers and practice nurse employers are responsible for ensuring that nurses have the necessary resources for carrying out these functions safely and that the necessary guidance, training and updating is available to them.

6. Education and Training

6.1. The training for District Nurse and Health Visitor Nurse Prescribers is now delivered as part of the specialist community practitioner programme.

6.2. The training for Extended and Supplementary prescribing is an independent part-time course currently delivered over 6 months. It builds on the knowledge base acquired during pre-registration education and the knowledge and experience gained in practice. The course includes a 25/26 day taught component which is organised by a Higher Education Institute which all participating nurses need to attend, together with 12 days 'learning in practice' with a designated supervising medical practitioner. Nurses can **only** qualify by attending such an NMC validated nurse prescribers course.

6.3. The PCTs should ensure that nurse prescribers have access to education and training as appropriate to maintain their competencies as laid down in protocol no. 5

7. Prescription Writing

7.1. Nurse Prescribers may only prescribe medicinal preparations, dressings and appliances listed in the Nurse Prescribing Formulary (NPF) and the Extended Nurse Prescriber's. They will need to keep up to date with items in the NPF, Extended Nurse Prescriber's Formulary, and the Drug Tariff, and take account of changes.

7.2. The Nurse Prescriber will assess the patient's need for the treatment prior to writing the prescription and ensure the prescription meets the clinical needs of the patient.

7.3. They will only write prescriptions for patients on their caseload. A Nurse Prescriber who is providing 'Cover" for a colleague, may prescribe in his/her own right following an assessment.

7.4. Accountability for the prescription rests with the nurse who has issued the prescription.

7.5. Protocol no. 3 outlines the detailed requirements for prescription writing and the information and advice that should be provided to patients or carers on the prescribed item. In addition the prescribing nurse needs to be familiar with the protocols in place for record keeping and once a prescription is written, the Nurse Prescriber will record details as specified in protocol no. 1.

8. Security and Safe handling of Prescription Forms

8.1. Security of nurse prescription forms is the responsibility of both the nurse prescriber and the employing organisation. Protocol no 2 describes the procedure for ensuring the security and safe handling of this controlled stationary and the actions to be taken in the event of loss or suspected theft of prescription forms.

8.2. In particular, under no circumstances should blank prescription forms be pre-signed before use. The prescription form should only be produced when needed and never left unattended. When not in use they should be placed in a locked drawer/secure stationary cupboard. When out visiting it is advisable for the nurse/midwife to keep the prescription pad on their person. Prescription forms should never be left in a car

8.3. The PCT or GP practice is responsible for the ordering, supply and management of NHS prescription pads, as detailed in protocol No 4.

8.4. In the care of nurses working within the palliative care service they are required to have a pad for each of the PCTs in which they work. This is to ensure that the costs of the drugs they prescribe are attributed to the correct PCT It is the responsibility of the PCT in which they work to order and store the necessary prescription pads.

9. Gifts and Hospitality

9.1. The advertising and promotion of medicines is strictly regulated under the Medicines (advertising) regulations 1994, and it is important that nurse and supplementary prescribers, and

indeed all health professionals, make their choice of medicinal product for their patients on the basis of clinical suitability and value fro money alone.

9.2. As part of the promotion of medicines suppliers may provide inexpensive gifts and benefits for example pens, diaries or mouse mats. Personal gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement.

9.3. Companies may also offer hospitality at a professional or scientific meeting or at meeting held to promote medicines, but such hospitality should be reasonable in level and subordinate to the main purpose of the meeting.

9.4. The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for enforcing the legislation on advertising and promotion of medicines. Any complaints about promotional practices should be referred to the MHRA or to the industry self regulatory body, the Prescription Medicines Code of Practice Authority.

10. Adverse Event Reporting

10.1. Any drug may produce unwanted or unexpected adverse reactions. Detection and recording of these is of vital importance. Nurses (along with Doctors, dentists and pharmacists) are urged to help by reporting suspected adverse reactions on yellow cards to:

Medicines and Health Care products Regulatory Agency (formerly MCA)
CSM
Freepost
London, SW8 5BR

Further guidance on the reporting of adverse reactions can be found in the British National Formulary along with prepaid yellow cards for reporting.

11 Monitoring of Nurse Prescribing

11.1 The PCT will monitor the costs of nurse prescribing, and feed back to service managers and GP practices as appropriate. Individual nurse prescribers can request detailed prescribing catalogues from the PPA

12 Prescribing relationships

12.1 To enable pharmacists to check whether a nurse prescription is bona fide, PCTs should maintain a list of nurse prescribers working within the area and an indication of which items the nurse can prescribe i.e. from the NPF or the Extended Nurse Prescribers Formulary. In addition a copy of the nurse's signature should be held by the employing authority and made available to pharmacists if required.

12.2 Pharmacists have legal and ethical obligations, which mean that they may need to contact prescribers, sometimes urgently before a prescription can be dispensed. Hence a contact telephone number should be included on all prescriptions.

12.3 Nurse prescribers should seek to develop good working relationships with their local community pharmacists who are useful source of advice on drug usage and product selection as well as legal matters relating to prescribing

12.4 Supplementary prescribing hinges on a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber. It is vital that there is clear understanding of individual roles and responsibilities, along with frequent communication between the prescribing partners. Further information regarding supplementary prescribing is detailed in Protocol no.6

13 Monitoring of Nurse Prescribing

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PROTOCOL NO 1

RECORD KEEPING AND NURSE PRESCRIBING

All records created and maintained by Nurse Prescribers employed by Primary Care Trusts and GPs will provide accurate, current, comprehensive and concise information concerning items prescribed, the condition of the patient/client and associated observations. All nurses are required to keep contemporaneous records that are unambiguous and legible, and as required by the employer's policies.

In addition:

1. Where items are prescribed by nurses, the GP must be informed within 48 hrs where possible. The mechanism for informing the GP, and information being entered into GP patient records, will be agreed between the GP practice and the employing department of the Nurse Prescriber. A suggested method for informing GP practice of items prescribed, can be seen at Appendix 1.
2. The record should clearly indicate the date, name of the Prescriber, the name of the item prescribed and the quantity prescribed. For medicinal preparations, (Items to be ingested or inserted into the body) the dosage schedule and route of administration must be stated e.g. Paracetamol oral suspension 12Omg/5mls 4 hourly.
3. For topical preparations, the quantity to be applied and the frequency of application must be included.
4. In some circumstances, in the clinical judgment of the nurse, it maybe necessary to advise the GP immediately of the prescription. This action should be recorded in the nurse's notes.

PROTOCOL NO 2

PRESCRIPTION PAD SECURITY AND SAFE HANDLING FOR NURSE PRESCRIBERS

It is the responsibility of the Nurse Prescriber to ensure the security of the prescription pad at all times.

Prescription pad

Prescription pads are colored lilac and marked FP1OP. For District Nurses and Health Visitors they are annotated DISTRICTNURSE/HEALTH VISITOR PRESCRIBER. For Extended Nurse Prescriber's, they are annotated EXTENDED FORMULARY NURSE PRESCRIBER.

Security

- The security of nurse prescription forms is the responsibility of the Nurse Prescriber.
- In the event of loss or suspected theft, Primary Care Trust employees must report the event immediately to their line manager. The line manager will complete a risk event form, and liaise with the police, Counter Fraud Specialist, and Risk Manager. Practice Nurses must inform their senior GP partner, Practice Manager for whom they work, who will inform the police, Counter Fraud Specialist and Risk Manager. Details of the approximate number of missing prescriptions, their identification numbers, and where and when they went missing should be given.
- The local PCT Counter Fraud Specialist will notify local Pharmacists and decide on action to minimise abuse of the forms.
- Under no circumstances should blank prescription forms be pre-signed before use. The prescription form must only be produced when needed, and never left unattended.
- GP practice codes must be kept separately from prescription pads.
- Prescription pads should not be left on desks, but placed in a locked drawer.
- Whilst not on duty, the prescription pad must be left at base in a locked drawer.
- When traveling between patients, the prescription pad must not be visible.
- The prescription pad must always be removed form the car when it is unattended
- Nurse can only write prescriptions on a pad bearing their name.
- Nurses who are qualified to prescribe cannot issue prescriptions on behalf of a nurse who is not a Nurse Prescriber.
- Nurses are not entitled to prescribe items that are not listed in the Secretary of State's list for nurse prescribing (Nurse Prescribers Formulary or Extended Nurse Prescribers Formulary) or in the case of appliances, not stated in part IXIIB of the Drug Tariff. Supplementary Prescribers' scope is covered in Protocol no. 6.
- Nurse Prescribers will keep a record of the serial numbers of prescriptions issued to them. The first and last serial numbers should be recorded.

PROTOCOL NO 3

PRESCRIPTION WRITING, AND PROVISION OF INFORMATION TO PATIENTS AND CARERS

In exercising professional accountability as a Nurse Prescriber, there may be conflict between the interests of a patient or client, the health or social care team and society. Whatever decisions and judgments are made, nurse prescribing actions must be justifiable. Any limitations in prescribers' knowledge and competence must be acknowledged, declining any duties in your role as a Nurse Prescriber unless able to perform them in a safe and skilled manner.

It is important that Nurse Prescribers have a consistent, safe and professional standard of prescription writing, meeting the requirements of accountability and record keeping.

Detailed advice on prescription writing is contained in the Nurse Prescribers Formulary and the British National Formulary.

The Nurse Prescriber should complete all the details on the prescription form by writing clearly and legibly, using an indelible pen (preferably black). The details required are:

- The patient's title, forename, surname and full address including postcode.
- Patient's age and date of birth.
- The name (plus quantity and strength, if any) of the prescribed item, dosage and frequency. The quantity prescribed should be appropriate to the patient's treatment needs, bearing in mind the need to avoid waste. Some medicines are only available in patient packs and special containers and the quantity contained should be prescribed, provided this is clinically and economically appropriate.
- The names of medicines should be written clearly, generally using the approved generic titles as specified throughout the BNF and should not be abbreviated. Examples of where generic prescriptions are not appropriate include dressings, stoma and incontinence appliances, diagnostic agents and certain creams and emollients.
- Directions, if for use by application by patient or carer, should be in English and not abbreviated
- Signature and date.
- GP practice code.
- Nurse Prescriber's base telephone number.
- Where there is more than one item on a form, a line should be inserted between each item for clarity.
- Unused space in the prescription area of the form should be blocked out with, for example, a diagonal line

• The NPEF contains information on the medical conditions or indications for which items listed may be prescribed. Nurse Prescribers are expected to prescribe in accordance with this information.

• It is stressed that the Nurse Prescriber may only prescribe those items listed in the Nurse Prescribers Formulary, or the Extended Nurse Prescribers Formulary.

The scope of Supplementary Prescribers' practice is discussed in protocol no. 4.

• The Nurse Prescriber should write prescriptions with the patient's awareness of the purpose of the treatment, and informed consent to comply with the treatment.

• The patient should be told, in terms and language relevant to their level of understanding:

- What to expect
- How soon to see an improvement
- Any precautions they should take
- What to do if they have any concerns
- How to take or use the items and how frequently
- How to store the item
- What to do with any unused medication/dressings

• Whenever possible and appropriate, verbal information should be supported by written information.

• If the prescription is for a child or for a patient who is unable to understand the information, another appropriate person (Parent' carer) should also be provided with this information.

PROTOCOL NO 4.

PRECRIPTION PAD SUPPLY AND MANAGEMENT

As nurses qualify as Nurse Prescriber's, their employer is required to inform the Prescription Pricing Authority (PPA) of the prescriber's details. The employer is also responsible for notifying of changes in circumstances (e.g. name) as they occur. Proforma's of revised versions of the forms used are available on the PPA website www.epact.ppa.nhs.uk

GP practice and PMS pilot employers should pass details to the Primary care Trust within 48 hours (excluding weekends and bank holidays) of receiving notification of the nurse's qualification to prescribe, or changes in circumstances (e.g. name).

Prescriptions are not sent out automatically. FP1O prescriptions must be ordered from the supplier (currently Astron).

Nurse Prescriber's must be registered with the PPA before the process preparing the forms at Astron can begin.

Prescriptions are sent to the address of the person who orders them (Local prescription Pad Coordinator or Practice Manager)

Prescriber's details notified to the PPA should include:

- The nurse's NMC "Personal identification number".
- Nurse's name
- Nurse's qualification (DN/HV or Extended Formulary Prescriber)
- Organisation for which the nurse works
- Organisation details

If a Nurse Prescriber is no longer carrying out prescribing duties, (for ex they have left the employment of the PCI or practice, or been suspended from the register, had his/her approval as a Prescriber withdrawn) the PPA must be informed as soon as possible, by the PCT.

It is the responsibility of the nurse employer to:

- Ensure that no further prescription pads are ordered for a nurse who has left employment or who has been suspended from prescribing duties.
- Recover, record and securely destroy all unused prescription forms issued to that nurse, relating to that employment

- Stocks of prescription pads should be minimal and stored securely (i.e. in a safe)
- Prescription pads will be sent to the Local prescription Pad Coordinator (L.P.P.C.) at the Primary Care Trust Headquarters, or the Practice Manager.
- Spare prescription pads will be held by the L.P.P.C. or Practice Manager for each Nurse Prescriber. When a new prescription pad is required, the Nurse Prescriber will contact her L.P.P.C. or Practice Manager, who will issue her/him with a new prescription pad. The L.P.P.C. or Practice Manager will maintain a register containing details of all pads issued. The Nurse Prescriber will sign for each pad issued against details of the pad, e.g. serial nos.
- As soon as the pad has been issued the L.P.P.C. or Practice Manager will be responsible for ordering replacement pads from Astron.

PROTOCOL NO 5

ARRANGEMENTS FOR UPDATING

1. All nurses have a professional responsibility to keep themselves abreast of nursing developments. This is no less true for nurse prescribing. The Nurse Prescriber will be expected to keep up to date with best practice in the management of conditions for which they may prescribe, and the use of the drugs, dressings and appliances on the Nurse Prescriber's Formulary and the Extended Nurse Prescriber's Formulary.

2. The employer should ensure that the Nurse Prescriber has access to a minimum of annual education and training provision.

3. Details of additional training and updating will need to be incorporated into the nurse's personal professional portfolio by the nurse for the purpose of renewing their registration with the N.M.C.

4. Nurse prescribing should be carried out within a framework of clinical governance

5. Following an extended period of time off i.e. maternity or long term sick leave, appropriate updating for nurse prescribing should be available.

PROTOCOL NO. 6
SUPPLEMENTARY PRESCRIBING

Definition –

Supplementary prescribing is a voluntary prescribing partnership between an independent prescriber and a supplementary prescriber, to implement an agreed patient specific clinical management plan with the patient's agreement.

The independent prescriber must be a doctor (Or dentist)

The supplementary prescriber must be a Registered Nurse, Registered Midwife or a Registered Pharmacist.

Scope –

There are no legal restrictions on clinical conditions which supplementary prescribers can treat. As supplementary prescribing requires a prescribing partnership and a Clinical Management Plan for the patient before it can begin, it is likely to be the most useful in dealing with long term medical conditions such as asthma diabetes or coronary heart disease, or patients with long term health needs, such as anti-coagulation. It will be for the independent prescriber and the supplementary prescriber to decide, when drawing up the Clinical Management Plan, when supplementary prescribing will be appropriate.

There is no specific formulary of list of medicines for supplementary prescribing. Providing medicines are prescribable by a doctor or dentist, at NHS expense, and that they are referred to in the patient's Clinical Management Plan, supplementary prescribers are able to prescribe:

- All General Sales List (GSL) medicines, Pharmacy (P) medicines, appliances and devices, foods and other borderline substances approved by the Advisory Committee on Borderline Substances.
- All Prescription Only medicines with the current exception of controlled drugs
- medicines for use outside of their licensed indication (ie "off label" prescribing) "black triangle" drugs, and drugs marked "less suitable for prescribing in the BNF.

NB Unlicensed drugs may not be prescribed unless they are part of a clinical trial which has a clinical trial certificate or exemption.

The supplementary prescriber should not be required to enter into a prescribing partnership, or to prescribe any medicine that they do not feel competent to prescribe.

Training –

Preparation for supplementary prescribing will be based on that of independent nurse prescribing from the Nurse Prescriber's Extended Formulary.

In addition, supplementary prescribers will need brief additional training specifically related to the nature, context and limits of supplementary prescribing. The taught element at Higher Education Institutes for the supplementary prescribing course should be 26 days long.

Clinical Management Plan –

The Clinical Management Plan forms the basis of supplementary prescribing, and must be in place before supplementary prescribing can take place. It may be written or electronic. It must –

- Relate to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber.
- Be included in the patient's record
- Include a reference to the medicines that may be prescribed for the named patient by the supplementary prescriber
- Include a reference to published local or national guidelines
- Include the circumstances in which the supplementary prescriber can vary the dosage, frequency and formulation of the specified medicines
- Include the circumstances in which the supplementary prescriber must refer back to the independent prescriber
- Contain relevant warnings about any known sensitivities of the patient to particular medicines and arrangements for the notification of any adverse drug reactions
- Contain the date on which the supplementary prescribing arrangements commence and the date that they are to be reviewed
- Contain the formal agreement to the plan, of the independent and supplementary prescribers, and of the patient. Best practice would suggest that the patient/carer should sign the box "Date agreed with patient/carer" at the bottom right of the Clinical Management Plan.

A suggested template of a Clinical Management Plan in included at Appendix II.

Distribution:

Policies to be distributed to all PCT Premises and Corporate Policy Holders

Policy produced by:	Fareham and Gosport, East Hampshire and Portsmouth City Primary Care Trusts
Accountable Director:	Director of Nursing and Clinical Governance
Approval Process:	Clinical Governance Committee
Date Approved:	December 2003
Adopted by Trust Board:	February 2004
Date of Next Review:	December 2004

APPENDIX I

SYSTEM FOR INFORMING GP PRACTICE

Produced in Conjunction with East Hampshire and Portsmouth City Primary Care Trusts

APPENDIX I
RECCOMMENDED SYSTEM FOR INFORMING GP PRACTICE OF ITEMS PRESCRIBED FOR A PATIENT

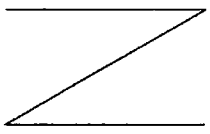
Use of an A5 sized booklet, containing black carbonated paper, for use when writing a prescription – ie prescription, on top of carbon, which then copies onto sheet of booklet, with another carbon between top sheet of booklet and next sheet. 1st sheet to be perforated, for removal and sending or faxing to GP practice. 2nd sheet remains in booklet as prescriber's copy. All sheets in booklet to have NHS and PCT logo at top, and "Please insert/record this information in patient's GP notes."

East Hampshire *NHS*
Primary Care Trust

Josephine Bloggs

1, St George's Terrace
Havant Hants

10 *10cm by 10cm Granuflex Dressings*



D.Dearlove *10 3 03*

Please insert/record this information in patient's GP notes

APPENDIX II

EXAMPLE OF CLINICAL MANAGEMENT PLAN

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

Name of Patient:		**Patient medication sensitivities/allergies:**	
Patient identification e.g. ID number, date of birth:			
Independent Prescriber(s):		**Supplementary Prescriber(s)**	
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 the IP**
Guidelines or protocols supporting Clinical Management Plan:			
Frequency of review and monitoring by:			
Supplementary prescriber	**Supplementary prescriber and independent prescriber**		
Process for reporting ADRs:			
Shared record to be used by IP and SP:			

Agreed by independent prescriber(s)	**Date**	**Agreed by supplementary prescriber(s)**	**Date**	**Date agreed with patient/carer**

Nurse Prescribing Policy Addendums (Fareham & Gosport PCT)

Protocol 2

Bullet Point 5

GP Practice codes must be kept separately from prescription pads

This does not apply as codes are openly available and are for budgeting rather than security purposes.

Bullet Point 7

Whilst not on duty the pad must be left at base in a locked draw.

There are occasions when the Nurse Prescriber is not on duty when the prescription pad cannot be left at base in a locked draw and another safe place needs to be identified. It is the responsibility of the nurse prescriber to ensure the security of the prescription pad at all times.

Bullet Point 9

To ensure the safety of the prescription pad, the pad must always be removed from the car when it is unattended.

There are occasions when the car is deemed to be the safest place. It is the responsibility of the nurse prescriber to ensure the security of the prescription pad at all times.

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7.5. Protocol no. 3 outlines the detailed requirements for prescription writing and the information and advice that should be provided to patients or carers on the prescribed item. In addition the prescribing nurse needs to be familiar with the protocols in place for record keeping and once a prescription is written, the Nurse Prescriber will record details as specified in protocol no. 1.

8. Security and Safe handling of Prescription Forms

8.1. Security of nurse prescription forms is the responsibility of both the nurse prescriber and the employing organisation. Protocol no 2 describes the procedure for ensuring the security and safe handling of this controlled stationary and the actions to be taken in the event of loss or suspected theft of prescription forms.

8.2. In particular, under no circumstances should blank prescription forms be pre-signed before use. The prescription form should only be produced when needed and never left unattended. When not in use they should be placed in a locked drawer/secure stationary cupboard. When out visiting it is advisable for the nurse/midwife to keep the prescription pad on their person. Prescription forms should never be left in a car

8.3. The PCT or GP practice is responsible for the ordering, supply and management of NHS prescription pads, as detailed in protocol No 4.

8.4. In the care of nurses working within the palliative care service they are required to have a pad for each of the PCTs in which they work. This is to ensure that the costs of the drugs they prescribe are attributed to the correct PCT It is the responsibility of the PCT in which they work to order and store the necessary prescription pads.

9. Gifts and Hospitality

9.1. The advertising and promotion of medicines is strictly regulated under the Medicines (advertising) regulations 1994, and it is important that nurse and supplementary prescribers, and

indeed all health professionals, make their choice of medicinal product for their patients on the basis of clinical suitability and value fro money alone.

9.2. As part of the promotion of medicines suppliers may provide inexpensive gifts and benefits for example pens, diaries or mouse mats. Personal gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement.

9.3. Companies may also offer hospitality at a professional or scientific meeting or at meeting held to promote medicines, but such hospitality should be reasonable in level and subordinate to the main purpose of the meeting.

9.4. The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for enforcing the legislation on advertising and promotion of medicines. Any complaints about promotional practices should be referred to the MHRA or to the industry self regulatory body, the Prescription Medicines Code of Practice Authority.

10. Adverse Event Reporting

10.1. Any drug may produce unwanted or unexpected adverse reactions. Detection and recording of these is of vital importance. Nurses (along with Doctors, dentists and pharmacists) are urged to help by reporting suspected adverse reactions on yellow cards to:

Medicines and Health Care products Regulatory Agency (formerly MCA)
CSM
Freepost
London, SW8 5BR

Further guidance on the reporting of adverse reactions can be found in the British National Formulary along with prepaid yellow cards for reporting.

11 Monitoring of Nurse Prescribing

11.1 The PCT will monitor the costs of nurse prescribing, and feed back to service managers and GP practices as appropriate. Individual nurse prescribers can request detailed prescribing catalogues from the PPA

12 Prescribing relationships

12.1 To enable pharmacists to check whether a nurse prescription is bona fide, PCTs should maintain a list of nurse prescribers working within the area and an indication of which items the nurse can prescribe i.e. from the NPF or the Extended Nurse Prescribers Formulary. In addition a copy of the nurse's signature should be held by the employing authority and made available to pharmacists if required.

12.2 Pharmacists have legal and ethical obligations, which mean that they may need to contact prescribers, sometimes urgently before a prescription can be dispensed. Hence a contact telephone number should be included on all prescriptions.

12.3 Nurse prescribers should seek to develop good working relationships with their local community pharmacists who are useful source of advice on drug usage and product selection as well as legal matters relating to prescribing

12.4 Supplementary prescribing hinges on a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber. It is vital that there is clear understanding of individual roles and responsibilities, along with frequent communication between the prescribing partners. Further information regarding supplementary prescribing is detailed in Protocol no.6

13 Monitoring of Nurse Prescribing

13.1 The PCT will monitor the costs of nurse prescribing, and feedback to service managers and GP practices as appropriate. Individual nurse prescribers can request detailed prescribing catalogues from the PPA

PROTOCOL NO 1

RECORD KEEPING AND NURSE PRESCRIBING

All records created and maintained by Nurse Prescribers employed by Primary Care Trusts and GPs will provide accurate, current, comprehensive and concise information concerning items prescribed, the condition of the patient/client and associated observations. All nurses are required to keep contemporaneous records that are unambiguous and legible, and as required by the employer's policies.

In addition:

1. Where items are prescribed by nurses, the GP must be informed within 48 hrs where possible. The mechanism for informing the GP, and information being entered into GP patient records, will be agreed between the GP practice and the employing department of the Nurse Prescriber. A suggested method for informing GP practice of items prescribed, can be seen at Appendix 1.
2. The record should clearly indicate the date, name of the Prescriber, the name of the item prescribed and the quantity prescribed. For medicinal preparations, (Items to be ingested or inserted into the body) the dosage schedule and route of administration must be stated e.g. Paracetamol oral suspension 120mg/5mls 4 hourly.
3. For topical preparations, the quantity to be applied and the frequency of application must be included.
4. In some circumstances, in the clinical judgment of the nurse, it maybe necessary to advise the GP immediately of the prescription. This action should be recorded in the nurse's notes.

PROTOCOL NO 2

PRESCRIPTION PAD SECURITY AND SAFE HANDLING FOR NURSE PRESCRIBERS

It is the responsibility of the Nurse Prescriber to ensure the security of the prescription pad at all times.

Prescription pad

Prescription pads are colored lilac and marked FP1OP. For District Nurses and Health Visitors they are annotated DISTRICTNURSE/HEALTH VISITOR PRESCRIBER. For Extended Nurse Prescriber's, they are annotated EXTENDED FORMULARY NURSE PRESCRIBER.

Security

- The security of nurse prescription forms is the responsibility of the Nurse Prescriber.
- In the event of loss or suspected theft, Primary Care Trust employees must report the event immediately to their line manager. The line manager will complete a risk event form, and liaise with the police, Counter Fraud Specialist, and Risk Manager. Practice Nurses must inform their senior GP partner, Practice Manager for whom they work, who will inform the police, Counter Fraud Specialist and Risk Manager. Details of the approximate number of missing prescriptions, their identification numbers, and where and when they went missing should be given.
- The local PCT Counter Fraud Specialist will notify local Pharmacists and decide on action to minimise abuse of the forms.
- Under no circumstances should blank prescription forms be pre-signed before use. The prescription form must only be produced when needed, and never left unattended.
- GP practice codes must be kept separately from prescription pads.
- Prescription pads should not be left on desks, but placed in a locked drawer.
- Whilst not on duty, the prescription pad must be left at base in a locked drawer.
- When traveling between patients, the prescription pad must not be visible.
- The prescription pad must always be removed form the car when it is unattended
- Nurse can only write prescriptions on a pad bearing their name.
- Nurses who are qualified to prescribe cannot issue prescriptions on behalf of a nurse who is not a Nurse Prescriber.
- Nurses are not entitled to prescribe items that are not listed in the Secretary of State's list for nurse prescribing (Nurse Prescribers Formulary or Extended Nurse Prescribers Formulary) or in the case of appliances, not stated in part IXIIB of the Drug Tariff. Supplementary Prescribers' scope is covered in Protocol no. 6.
- Nurse Prescribers will keep a record of the serial numbers of prescriptions issued to them. The first and last serial numbers should be recorded.

PROTOCOL NO 3

PRESCRIPTION WRITING, AND PROVISION OF INFORMATION TO PATIENTS AND CARERS

In exercising professional accountability as a Nurse Prescriber, there may be conflict between the interests of a patient or client, the health or social care team and society. Whatever decisions and judgments are made, nurse prescribing actions must be justifiable. Any limitations in prescribers' knowledge and competence must be acknowledged, declining any duties in your role as a Nurse Prescriber unless able to perform them in a safe and skilled manner.

It is important that Nurse Prescribers have a consistent, safe and professional standard of prescription writing, meeting the requirements of accountability and record keeping.

Detailed advice on prescription writing is contained in the Nurse Prescribers Formulary and the British National Formulary.

The Nurse Prescriber should complete all the details on the prescription form by writing clearly and legibly, using an indelible pen (preferably black). The details required are:

- The patient's title, forename, surname and full address including postcode.
- Patient's age and date of birth.
- The name (plus quantity and strength, if any) of the prescribed item, dosage and frequency. The quantity prescribed should be appropriate to the patient's treatment needs, bearing in mind the need to avoid waste. Some medicines are only available in patient packs and special containers and the quantity contained should be prescribed, provided this is clinically and economically appropriate.
- The names of medicines should be written clearly, generally using the approved generic titles as specified throughout the BNF and should not be abbreviated. Examples of where generic prescriptions are not appropriate include dressings, stoma and incontinence appliances, diagnostic agents and certain creams and emollients.
- Directions, if for use by application by patient or carer, should be in English and not abbreviated
- Signature and date.
- GP practice code.
- Nurse Prescriber's base telephone number.
- Where there is more than one item on a form, a line should be inserted between each item for clarity.
- Unused space in the prescription area of the form should be blocked out with, for example, a diagonal line

• The NPEF contains information on the medical conditions or indications for which items listed may be prescribed. Nurse Prescribers are expected to prescribe in accordance with this information.

• It is stressed that the Nurse Prescriber may only prescribe those items listed in the Nurse Prescribers Formulary, or the Extended Nurse Prescribers Formulary.

The scope of Supplementary Prescribers' practice is discussed in protocol no. 4.

• The Nurse Prescriber should write prescriptions with the patient's awareness of the purpose of the treatment, and informed consent to comply with the treatment.

• The patient should be told, in terms and language relevant to their level of understanding:

- What to expect
- How soon to see an improvement
- Any precautions they should take
- What to do if they have any concerns
- How to take or use the items and how frequently
- How to store the item
- What to do with any unused medication/dressings

• Whenever possible and appropriate, verbal information should be supported by written information.

• If the prescription is for a child or for a patient who is unable to understand the information, another appropriate person (Parent' carer) should also be provided with this information.

PROTOCOL NO 4,

PRECRIPTION PAD SUPPLY AND MANAGEMENT

As nurses qualify as Nurse Prescriber's, their employer is required to inform the Prescription Pricing Authority (PPA) of the prescriber's details. The employer is also responsible for notifying of changes in circumstances (e.g. name) as they occur. Proforma's of revised versions of the forms used are available on the PPA website www.epact.ppa.nhs.uk

GP practice and PMS pilot employers should pass details to the Primary care Trust within 48 hours (excluding weekends and bank holidays) of receiving notification of the nurse's qualification to prescribe, or changes in circumstances (e.g. name).

Prescriptions are not sent out automatically. FP1O prescriptions must be ordered from the supplier (currently Astron).

Nurse Prescriber's must be registered with the PPA before the process preparing the forms at Astron can begin.

Prescriptions are sent to the address of the person who orders them (Local prescription Pad Coordinator or Practice Manager)

Prescriber's details notified to the PPA should include:

- The nurse's NMC "Personal identification number".
- Nurse's name
- Nurse's qualification (DN/HV or Extended Formulary Prescriber)
- Organisation for which the nurse works
- Organisation details

If a Nurse Prescriber is no longer carrying out prescribing duties, (for ex they have left the employment of the PCI or practice, or been suspended from the register, had his/her approval as a Prescriber withdrawn) the PPA must be informed as soon as possible, by the PCT.

It is the responsibility of the nurse employer to:

- Ensure that no further prescription pads are ordered for a nurse who has left employment or who has been suspended from prescribing duties.
- Recover, record and securely destroy all unused prescription forms issued to that nurse, relating to that employment

- Stocks of prescription pads should be minimal and stored securely (i.e. in a safe)
- Prescription pads will be sent to the Local prescription Pad Coordinator (L.P.P.C.) at the Primary Care Trust Headquarters, or the Practice Manager.
- Spare prescription pads will be held by the L.P.P.C. or Practice Manager for each Nurse Prescriber. When a new prescription pad is required, the Nurse Prescriber will contact her L.P.P.C. or Practice Manager, who will issue her/him with a new prescription pad. The L.P.P.C. or Practice Manager will maintain a register containing details of all pads issued. The Nurse Prescriber will sign for each pad issued against details of the pad, e.g. serial nos.
- As soon as the pad has been issued the L.P.P.C. or Practice Manager will be responsible for ordering replacement pads from Astron.

PROTOCOL NO 5

ARRANGEMENTS FOR UPDATING

1. All nurses have a professional responsibility to keep themselves abreast of nursing developments. This is no less true for nurse prescribing. The Nurse Prescriber will be expected to keep up to date with best practice in the management of conditions for which they may prescribe, and the use of the drugs, dressings and appliances on the Nurse Prescriber's Formulary and the Extended Nurse Prescriber's Formulary.

2. The employer should ensure that the Nurse Prescriber has access to a minimum of annual education and training provision.

3. Details of additional training and updating will need to be incorporated into the nurse's personal professional portfolio by the nurse for the purpose of renewing their registration with the N.M.C.

4. Nurse prescribing should be carried out within a framework of clinical governance

5. Following an extended period of time off i.e. maternity or long term sick leave, appropriate updating for nurse prescribing should be available.

PROTOCOL NO. 6
SUPPLEMENTARY PRESCRIBING

Definition –

Supplementary prescribing is a voluntary prescribing partnership between an independent prescriber and a supplementary prescriber, to implement an agreed patient specific clinical management plan with the patient's agreement.

The independent prescriber must be a doctor (Or dentist)

The supplementary prescriber must be a Registered Nurse, Registered Midwife or a Registered Pharmacist.

Scope –

There are no legal restrictions on clinical conditions which supplementary prescribers can treat. As supplementary prescribing requires a prescribing partnership and a Clinical Management Plan for the patient before it can begin, it is likely to be the most useful in dealing with long term medical conditions such as asthma diabetes or coronary heart disease, or patients with long term health needs, such as anti-coagulation. It will be for the independent prescriber and the supplementary prescriber to decide, when drawing up the Clinical Management Plan, when supplementary prescribing will be appropriate.

There is no specific formulary of list of medicines for supplementary prescribing. Providing medicines are prescribable by a doctor or dentist, at NHS expense, and that they are referred to in the patient's Clinical Management Plan, supplementary prescribers are able to prescribe:

- All General Sales List (GSL) medicines, Pharmacy (P) medicines, appliances and devices, foods and other borderline substances approved by the Advisory Committee on Borderline Substances.
- All Prescription Only medicines with the current exception of controlled drugs
- medicines for use outside of their licensed indication (ie "off label" prescribing) "black triangle" drugs, and drugs marked "less suitable for prescribing in the BNF.

NB Unlicensed drugs may not be prescribed unless they are part of a clinical trial which has a clinical trial certificate or exemption.

The supplementary prescriber should not be required to enter into a prescribing partnership, or to prescribe any medicine that they do not feel competent to prescribe.

Training –

Preparation for supplementary prescribing will be based on that of independent nurse prescribing from the Nurse Prescriber's Extended Formulary.

In addition, supplementary prescribers will need brief additional training specifically related to the nature, context and limits of supplementary prescribing. The taught element at Higher Education Institutes for the supplementary prescribing course should be 26 days long.

Clinical Management Plan –

The Clinical Management Plan forms the basis of supplementary prescribing, and must be in place before supplementary prescribing can take place. It may be written or electronic. It must –

- Relate to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber.
- Be included in the patient's record
- Include a reference to the medicines that may be prescribed for the named patient by the supplementary prescriber
- Include a reference to published local or national guidelines
- Include the circumstances in which the supplementary prescriber can vary the dosage, frequency and formulation of the specified medicines
- Include the circumstances in which the supplementary prescriber must refer back to the independent prescriber
- Contain relevant warnings about any known sensitivities of the patient to particular medicines and arrangements for the notification of any adverse drug reactions
- Contain the date on which the supplementary prescribing arrangements commence and the date that they are to be reviewed
- Contain the formal agreement to the plan, of the independent and supplementary prescribers, and of the patient. Best practice would suggest that the patient/carer should sign the box "Date agreed with patient/carer" at the bottom right of the Clinical Management Plan.

A suggested template of a Clinical Management Plan in included at Appendix II.

Distribution:

Policies to be distributed to all PCT Premises and Corporate Policy Holders

Policy produced by:	Fareham and Gosport, East Hampshire and Portsmouth City Primary Care Trusts
Accountable Director:	Director of Nursing and Clinical Governance
Approval Process:	Clinical Governance Committee
Date Approved:	December 2003
Adopted by Trust Board:	February 2004
Date of Next Review:	December 2004

APPENDIX I

SYSTEM FOR INFORMING GP PRACTICE

Produced in Conjunction with East Hampshire and Portsmouth City Primary Care Trusts

APPENDIX I
RECCOMMENDED SYSTEM FOR INFORMING GP PRACTICE OF ITEMS PRESCRIBED FOR A PATIENT

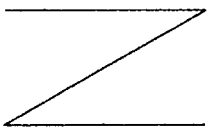
Use of an A5 sized booklet, containing black carbonated paper, for use when writing a prescription – ie prescription, on top of carbon, which then copies onto sheet of booklet, with another carbon between top sheet of booklet and next sheet. 1st sheet to be perforated, for removal and sending or faxing to GP practice. 2nd sheet remains in booklet as prescriber's copy. All sheets in booklet to have NHS and PCT logo at top, and "Please insert/record this information in patient's GP notes."

East Hampshire *NHS*
Primary Care Trust

Josephine Bloggs

1, St George's Terrace
Havant Hants

10 *10cm by 10cm Granuflex Dressings*



D.Dearlove *10 3 03*

Please insert/record this information in patient's GP notes

APPENDIX II

EXAMPLE OF CLINICAL MANAGEMENT PLAN

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

Name of Patient:		Patient medication sensitivities/allergies:	
Patient identification e.g. ID number, date of birth:			
Independent Prescriber(s):		Supplementary Prescriber(s)	
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 the IP
Guidelines or protocols supporting Clinical Management Plan:			
Frequency of review and monitoring by:			
Supplementary prescriber	Supplementary prescriber and independent prescriber		
Process for reporting ADRs:			
Shared record to be used by IP and SP:			

Agreed by independent prescriber(s)	Date	Agreed by supplementary prescriber(s)	Date	Date agreed with patient/carer

Nurse Prescribing Policy Addendums (Fareham & Gosport PCT)

Protocol 2

Bullet Point 5

GP Practice codes must be kept separately from prescription pads

This does not apply as codes are openly available and are for budgeting rather than security purposes.

Bullet Point 7

Whilst not on duty the pad must be left at base in a locked draw.

There are occasions when the Nurse Prescriber is not on duty when the prescription pad cannot be left at base in a locked draw and another safe place needs to be identified. It is the responsibility of the nurse prescriber to ensure the security of the prescription pad at all times.

Bullet Point 9

To ensure the safety of the prescription pad, the pad must always be removed from the car when it is unattended.

There are occasions when the car is deemed to be the safest place. It is the responsibility of the nurse prescriber to ensure the security of the prescription pad at all times.