



SUBJECT : NON-MEDICAL PRESCRIBING

DATED : DECEMBER 2007

1. Aim/Introduction

Scope of policy

This policy covers the practice of qualified non-medical independent prescribers (NMP) employed by St Christopher's Hospice. This currently involves nurses who have completed the NMP course working on the in-patient unit and in homecare teams who will be working as independent prescribers within palliative care symptom management.

Prescribing for patients in the community on FP10 prescriptions involves patients' GPs, district nurses (some of whom may also be NMPs), community pharmacists and the PCTs with whom we work. They need to be consulted when changes to the policy are made.

Legislation

The Department of Health Document containing all the necessary guidance on NMP is entitled "Improving patients' access to medicines: A guide to implementing nurse and pharmacist independent prescribing within the NHS in England" and can be found at this link;

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133743

Supporting documentation

- St Christophers Hospice Scope of Practice Agreement (appendix 1 -see section 2.2 below)
- Governance framework (appendix 2)

2. Becoming a non-medical prescriber at SCH

Staff eligibility

Nurses eligible for training as NMPS must be 1st level registered nurses working at band 6 or above who have been working in palliative care for at

least 18 months. They must also meet the current eligibility criteria set out in the DH document (see above)

Registration

Once an NMP has completed the course and passed the assessment, they should complete a Scope of Practice agreement with St Christophers Hospice and may then prescribe on the in-patient unit in accordance with this policy.

NMPs practising in homecare must complete a Scope of Practice agreement with St Christophers Hospice. (Appendix 1) They should send their NMC PIN number to Bromley PCT via the NMP lead, who will arrange registration with the Prescription Pricing Division (PPD) and the supply of FP10s.

3. Organisational support from SCH to undergo training for prescribing

The decision to train more nurses as NMPs will depend on the continued assessment of whether a prescribing option is the best option for medicine access for patient group involved

Selection

Priority will be given to clinical nurse specialists working in homecare teams, the Advancing Practice Team and ward managers. This will be subject to review to fit departmental and organisational requirements

Funding, training and study leave

The course will be funded externally and accessed through a service contract with Kings College. Each NMP will be entitled to an appropriate number of days' study leave. St Christophers Hospice will pay the specialist register fee for NMPs

Support

Nurses training as NMPs will be allocated a medical mentor. They will be supported by the Director of Nursing and pharmacist when appropriate and homecare prescribers should also maintain contact with the NMP lead pharmacist for their patch. This may enable them to join other NMPs in the locality for ongoing training and information meetings.

Resources -

Each NMP will be supplied with their first copy of the BNF by SCH. Once registered with Bromley PCT, they should supply ongoing copies. Each NMP will also be given a copy of the SW London Cancer Network Adult Palliative Care Guidance to use as a formulary.

Copies of the Palliative Care Formulary and Syringe Driver books will need to be sourced on the wards or in homecare offices. The Drug Tariff is available on line at http://www.ppa.org.uk/ppa/edt_intro.htm

4. Service Framework

NMP will use their skills for prescribing within their competency

- a) on the in-patient unit for admissions, routine dose changes, end of life care and discharge
- b) in the homecare setting for symptom management where a delay would be detrimental to the patient. NMPs will not routinely prescribe repeat items for patients.
- c) In the Day Centre if a patient known to them has come in without medication or requires treatment that is not covered by PGDs in the Day Centre

5. Prescribing and dispensing process

5.1 Inclusions and exclusions for prescribing

Inclusions

- Drugs being used for specialist palliative care listed in the blue section of the Adult Palliative Care Guidance second edition 2006 (Watson, Lucas and Hoy) with the exception of those listed below
- Drugs being used outside their license for symptom control where this is accepted clinical practice
- Only for registered patients of SCH
- Controlled Drugs – codeine, dihydrocodeine, diazepam, lorazepam, midazolam, morphine, diamorphine, oxycodone, fentanyl patches and buprenorphine patches. (according to current legislation)

Exclusions

- The following drugs from the Adult Palliative Care Guidance second edition 2006 (Watson, Lucas and Hoy) Bisphosphonates, bupivacaine, Low molecular weight heparins, ketamine, ketorolac, nabilone, mirtazepine, pregabalin.
- Drugs outside the area of a prescriber's competence
- Controlled Drugs not listed above (although legislation is likely to change in 2007)
- Prescriptions for self and those with whom there is a close family or emotional relationship
- People who are not registered patients of SCH
- Some drugs on the A-Z list may be prescribed but only after discussion with a medical consultant (currently octreotide preparations and zoledronic acid injections)

5.2 Prescribing process

IPU – NMPs will use existing drug charts and prescription sheets for syringe drivers, IV fluids, epidural prescriptions and homecare prescription sheets for discharge with crisis boxes

Homecare – FP10s will be issued by Bromley PCT NMP pharmacy lead or administrator once a homecare NMP has registered with the PPD. Prescriptions will also be written on homecare syringe driver documentation and patients' individual prescription sheets.

NMPs working in Homecare must communicate with the patient's GP as soon as possible with the details of any medicines prescribed. The DH guidance states that this should be within 48 hours.

Day Centre – Prescriptions will be written on the day centre prescription sheet. If a new item is started, the NMP must communicate with the patient's GP as above.

5.3 Security of FP10s

- NMPs must take responsibility for security of FP10s pad both whilst on duty and at the end of the day, when they must be locked away.
- If a pad is lost or stolen, the PCT pharmacist must be informed immediately.
- If a NMP leaves SCH their FP10 pad must be returned to SCH pharmacist who will shred any remaining prescriptions and inform the PCT pharmacist that the NMP has left.

5.4 Separating of prescribing, dispensing and administration

It is not good practice for one person to carry out all three of the above processes unless there is an emergency.

On wards – the NMP should ask a competent RN to prepare and/or administer a dose of any medicine they have prescribed.

Homecare – if a homecare NMP comes into the hospice to collect drugs they have prescribed in an emergency for a patient, they will ask a night co-ordinator or competent RN to check the prescription and the drugs before taking them out to a patient.

6 Registration

6.1 The NMP is responsible for registering with their professional body on completion of course

6.2 Registration with SCH – the NMP lead will keep a record of all qualified NMPs at St Christophers Hospice. This information will also be kept on the

Snowdrop system. Changes to job descriptions will be discussed as part of the annual appraisal system.

6.3 NMPs prescribing on the in-patient unit must complete a specimen signature form for records at Beckenham hospital pharmacy.

7 Indemnity Insurance and legal liability

Each NMP is covered by his or her RCN insurance for individual liability. SCH insurance covers each NMP with regard to organisational liability as long as the NMP is working within the scope of this policy and related documents.

8 Governance

The accompanying governance document framework in appendix 1 sets out the standards for non-medical prescribing at SCH as an organisation

The accompanying clinical governance assessment at appendix 2 will be completed and re-checked on an annual basis as part of the appraisal.

9. Documentation and record-keeping

IPU – prescriptions will be written and recorded on prescription charts with rationale for prescribing, altering doses and stopping medication recorded in patients' notes

HC – 'copies' of FP10 prescriptions will be sent to the patient's GP and recorded in patient's notes. Rationale for prescribing, altering doses and stopping medication will also be recorded in patients' notes.

Day unit – prescriptions written for immediate administration in an emergency will be written on the patient's day unit prescription form. If an FP10 is written, 'copies' must be sent to the patient's GP and recorded in the patient's notes.

10. Prescription monitoring

IPU – Prescriptions will be continuously monitored by medical consultants and the SCH pharmacist as part of the daily patient review.

HC – Prescriptions will be reviewed at team meetings by the medical consultant and eventually by PACT data at the PCT. An audit of prescribing practice will be carried out initially at 3-monthly meetings. For each FP10 used, the NMP will fill in a brief form provided by the Hospice Pharmacist stating the drug, dose and indication for each item prescribed.

As more nurses are qualified, more in-depth audits will be carried out.

In both settings, urgent issues will need to be discussed and dealt with on a day-to day basis but reflections and observations on prescribing patterns and

any issues needing clarification will be discussed at the Medicines Management Group

11. Handling Adverse Drug Reactions and Medical Incidents

Any incidents and adverse drug reactions will be recorded on the SCH drug error/incident/ADR forms. If necessary, NMPs are encouraged to complete and return yellow cards to the Medicines and Healthcare Regulatory Authority.

The pharmacist will communicate any relevant drug alerts received by the MHRA to the NMPs at SCH as soon as possible after receipt.

12. CPD

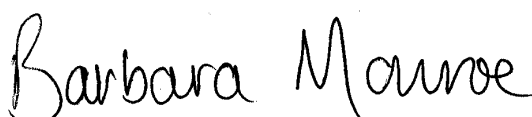
- NMP prescribing supervision group
- Attending medical education sessions where relevant
- MMG reviews of prescribing patterns
- Annual reviews
- Professional body requirements
- Annual study day

13 Working with the pharmaceutical industry

We will work according to the ABPI statements on the relationship between the industry and prescribers. This is available on line at http://www.abpi.org.uk/publications/pdfs/pmpca_code2006.pdf

REVIEW : This policy will be reviewed by the Medicines Management Group every 2 years

SIGNED :



CHIEF EXECUTIVE

DATED :

DECEMBER 2007



St Christophers Hospice
Independent Nurse Prescribing – appendix 1 to NMP policy
Intention to Prescribe – Scope of Practice Statement

Name of Independent Prescriber.....Job Title/Role.....

Please complete form electronically then print off to sign

Disease area you intend to prescribed for	Drugs you are intending to prescribe and reference source to be used	Evidence of competence to work in this area	Recent CPD supporting prescribing in this area (include dates)	Please state guidelines (national or local) or attach protocols to be worked to
Example <i>Wound management</i> <i>Skin conditions - cellulitis</i>	12. Flucloxacillin <i>BNF chapter 5.1.1.2</i>	<ul style="list-style-type: none"> • <i>Accredited wound management course</i> • <i>Evidence of recent practice in this area</i> 	<ul style="list-style-type: none"> • <i>Annual SCH wound management</i> • <i>Study day</i> • <i>NMP forums</i> 	<i>SCH woundcare protocols</i> <i>SCH antibiotic policy</i>
Palliative care	Drugs listed on the blue pages of the SW London Cancer Network Adult Palliative Care Guidance 2006 with the following exceptions, which will only be prescribed following			

	discussion with a medical consultant. <ul style="list-style-type: none"> • Bupivacaine • low molecular weight heparins, • bisphosphonates (oral and injectable), • ketamine, • nabilone, • mirtazepine, • octreotide, • pregabalin. 			
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What plans are in place to audit your prescribing?				
Have you discussed your prescribing role as part of your clinical supervision in the past?	yes		no	
If yes, give a brief description				
If no, how do you plan to address this?				
What CPD needs have you identified relating to the area you are prescribing in?				
How do you plan to address these needs?				

I agree to undertake Continuous Professional Development to maintain my prescribing competence in the therapeutic areas detailed above and to:

- Attend local PCT Independent/Supplementary Prescribers Support group – at least twice a year
- Attend the NMP group at SCH
- Attend the MMG at SCH
- Register with the National Prescribing Centre's network for new prescribers and access NMP resources via their website

My intended scope of practice has been agreed with my line manager

Independent prescriber's signature..... date.....

Line manager name.....signature..... date.....

Review date.....

(after 6 months initially, every 12 months thereafter)

signed off by the Non Medical Prescribing Lead for SCH ?

Name.....signature.....date.....

One copy of completed form to be retained by

- Independent prescriber
- Personnel
- NMP lead

Appendix 2 to NMP policy

Prescribing Governance Framework – Standards for Supplementary and Independent Non-Medical Prescribers at SCH

All prescribers and their managers/professional leads should ensure that they read “Improving patients’ Access to Medicines: A guide to Implementing Nurse and Pharmacist Independent prescribing within the NHS in England” and NMC “Standards of Proficiency for Nurse and Nurse Midwife Prescribers”

Clinical Governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish

Audit Commission 2000

The following standards are divided into three areas of responsibility – organisational, team/service and individual:

- The organisation must demonstrate compliance with its area
- Teams will complete an assessment (appendix 2) and report back to the MMG annually
- Individuals should regularly assess their practice against NMC standards as defined in the Scope of Professional Practice

1. Risk management

Corporate	Service/team	Individual prescribers
<ul style="list-style-type: none">• The organisation has a NMP lead• A clear structure is in place for the process of NMP including the requirement to regularly report to the Medicines Management Group• NMPs have access to clinical	<ul style="list-style-type: none">• JDs reflect prescribing responsibilities• There are clear procedures regarding the administration of NMP• NMPs are prescribing according to	<p>Each NMP</p> <ul style="list-style-type: none">• is in regular prescribing supervision• regularly self-assesses against the relevant competency framework• agrees the parameters of their

<p>supervision</p> <ul style="list-style-type: none"> • There is a clear policy for the administration on NMP including a central register of qualified NMPs • Organisational policies are in place for record keeping, incident reporting and working with the pharmaceutical industry • Systems are in place to receive and distribute BNFs, formularies and permit access to other information 	<p>their local formulary</p> <ul style="list-style-type: none"> • Service re-design plans reflect the development of NMP • Systems are in place to monitor the competence of NMPS • NMPs who cannot demonstrate their competence are suspended from the SCH NMP list • A system for clinical supervision is in place • Local policies are in place to ensure that all records are accurate, contemporaneous and accessible by all members of a prescribing team 	<p>prescribing with their manager, and MMG</p> <ul style="list-style-type: none"> • prescribes from their local formulary • can demonstrate that they are aware of their responsibilities and the processes for ensuring the safety of prescription pads • uses the agreed systems for reporting adverse drug reactions and drug-related incidents • has access to the NMP policy • must record prescription details contemporaneously and at least within 48hrs in a GP record if working in the homecare service • ensures that they set up regular communication with key professionals eg GPs, pharmacists, specialists • has additional professional indemnity • informs their line manager of any change in their individual circumstances ??
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2. Clinical Audit and Effectiveness

Corporate	Service/team	Individual prescribers
<ul style="list-style-type: none"> The clinical audit programme includes NMP 	<ul style="list-style-type: none"> Prescribing practice is regularly audited to demonstrate improvement in patient care and compliance to prescribing policy Drug expenditure is regularly monitored and action is taken where expenditure is outside of normal expectation 	<p>Each NMP</p> <ul style="list-style-type: none"> Undertakes regular self-audit of their prescribing practice Regularly self-assesses using competency framework Uses current BNF, PCF, local guidelines and Drug Tariff Accesses national policies, procedures, guidelines and competencies Assesses evidence-based information regularly Is identified on each FP10 through unique professional registration number

3. Information governance

Corporate	Service/team	Individual prescribers
<ul style="list-style-type: none"> An active register of approved NMPs is kept and maintained NMPs have access to evidence-based information via links, the library and pharmacy newsletters Mechanisms are in place to ensure NMPs are kept informed of relevant 	<ul style="list-style-type: none"> NMPs have access to computers, intranet and internet Prescribing status of individual prescribers is reported to NMP leads and Bromley PCT NMP pharmacy lead (e.g. staff left or prescribing status suspended) 	<p>Each NMP</p> <ul style="list-style-type: none"> Accesses local and national policies, procedures, guidelines and competencies Accesses evidence-based information regularly Ensures that the BNF and other

<p>clinical information e.g. hazard warnings and drug alerts</p> <ul style="list-style-type: none"> • Communication systems are in place to keep NMPs updated • Local doctors and pharmacists are regularly updated re NMP and have access to mechanisms to check status of prescribers 	<ul style="list-style-type: none"> • NMPs have access to and comply with record-keeping policies and incident reporting policy and dealing with the pharmaceutical industry policy • Secure systems are in place to receive, record and destroy unwanted prescriptions 	<p>information sources are up to date</p> <ul style="list-style-type: none"> • Is identified on each written prescription (signature on IPU, unique professional registration number on FP10) • Adheres to local procedures when they terminate their employment • Should inform the healthcare professionals they work with in the community of their prescribing role and how this will impact on patient care as set out in the St Christophers Hospice NMP Policy This includes GPs, District Nurses and community pharmacists
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4. Learning and Development

Corporate	Service/team	Individual prescribers
<ul style="list-style-type: none"> • NMPs have access to CPD • Systems are in place to support the selection of right calibre 	<ul style="list-style-type: none"> • There are systems in place for appraisal and personal development planning • Systems are in place so that right calibre practitioners are nominated 	<p>Each NMP</p> <ul style="list-style-type: none"> • Has the appropriate qualifications and competencies and is registered as a prescriber on the professional register • Has a personal development plan • Can demonstrate access to CPD • Can demonstrate application of the NPC competency framework in

practitioners for non-medical prescribing training where NMP is going to benefit patients	for non-medical prescribing training where NMP is going to benefit patients <ul style="list-style-type: none"> • NMPs have access to CPD • The most appropriate NMP course is undertaken suitable to both patients and the service • All NMPs can demonstrate application of the NPC competency framework in their NMP role 	their NMP role <ul style="list-style-type: none"> • Attends sector local/sector and national CPD events
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5. Patient and Public Involvement

Corporate	Service/team	Individual prescribers
Information on NMP is available to patients in accessible formats within Patient Information Leaflets and homecare folders	<ul style="list-style-type: none"> • Patient surveys e.g. exit surveys include questions on NMP • Service leaflets include information on NMP 	Each NMP <ul style="list-style-type: none"> • Explains their prescribing role to their patients and obtains verbal patient consent to treatment