East Elmbridge and Mid Surrey NHS
Primary Care Trust

Nurse Prescribing Policy Gabby 05

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Primary Care Trust

Title: Policy Statement for Nurse Prescribing
Main Authors: Karen Jackson (Nurse Prescribing Lead for East Elmbridge & Mid Surrey PCT)

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All staff are expected to familiarise themselves with the general guidelines/policies that are foundational in this document – for example consent and record keeping

1.0 STAFFING GROUPS TO WHOM POLICY APPLIES

All nurses qualified to prescribe (NB: in the case of District Nurses this must be the case holder or a District Nurse covering a caseload).

2.0 DEFINITIONS

2.1.0 Categories of prescribers:

District Nurses and Health Visitors (or Practice Nurses with a DN or HV qualification may prescribe from the current Nurse Prescribers Formulary "Extended" Independent Nurse Prescribers, who have successfully completed the extension to nurse prescribing course and who may prescribe from the extended range of products

Extended formulary/supplementary nurse prescribers who have successfully completed the extension to nurse prescribing course as well as the supplementary nurse prescribing course.

2.2.0 The Pricing Prescription Authority (PPA) is responsible, on behalf of the PCT, for recording the numbers of prescription forms received and issued – The PPA is the National agency responsible for pricing prescriptions and arranging for reimbursement of prescriptions. The Primary Care Agency, acts on behalf of the PCT to order prescriptions. These are then distributed to a central point in the PCT.

2.3.0 Astron – the company who print prescription pads

2.4.0 PACT data – prescribing analysis and cost data. Produced by the PPA, and provides

details of all medicines, appliances, feeds etc that have been dispensed by community pharmacists

3.0 RATIONALE

3.1.0 To ensure patients receive appropriate care and treatment from the appropriate person in the right place, and that all Nurse Prescribers are practising safely

4.0 MINIMUM POLICY STANDARDS

4.1.0 All Nurse Prescribers must have successfully completed an accredited Nurse Prescribers training programme

4.1.1 All Nurse Prescribers must maintain competency referring to the National Prescribing Centre's "Maintaining competency in prescribing" tool standards

4.1.2 All Nurse Prescribers must reflect and review prescribing habits by using appropriate PACT. data

4.1.3 All return to practice nurses / newly qualified Nurse Prescribers will be offered a preceptor by their line manager.

5.0 INDICATIONS/INCLUSIONS

5.1.0 All Nurse Prescribers

6.0 EXCLUSIONS

6.1.0 All nurses who have not completed a recognised nurse prescribing course

7.0 PRECAUTIONS OR RISK FACTORS

7.1.0 Incorporated within content of the policy

8.0 WHO CAN CARRY OUT PROCEDURE?

8.1.0 A registered nurse who can demonstrate competence

8.1.1 A registered nurse must ensure they meet the criteria outlined in The Nursing & Midwifery Council (NMC) Code of Professional Conduct, which states 'as a registered nurse, midwife or health visitor, you are personally accountable for your practice'. All clauses within the code are relevant but those most pertinent are clauses 6:1, 6:3 and of NMC Code Professional Conduct

NMC 6:1 Code of Professional Conduct You must keep your knowledge and skills up-to-date throughout your working life. In particular you should take part regularly in learning activities that develop your competence and performance.

NMC 6:3 Code of Professional Conduct If an aspect of practice is beyond your level of competence or outside your area of registration, you must obtain help and supervision from a competent practitioner until you and your employer consider that you have acquired the requisite knowledge and skill.

NMC 6.5 Code of Professional Conduct You have a responsibility to deliver care based on current evidence, best practice and, where applicable, validated research when it is available

9.0 CONSENT

9.1.0 Consent is usually implied by patient co-operation and combined with verbal consent. However, in law, touching a client's body without consent could be viewed as assault. Case law on consent has established ***three requirements*** that must all be satisfied before any consent given by a patient is lawful:

Consent should be given by someone with the mental ability to do so
Sufficient information should be given to the patient
Consent must be freely given.
Always refer to our local consent policy and line manager where any ambiguity exists

10.0 PROCEDURES AND PROTOCOLS

10.0.1 <u>Obtaining prescription forms</u>

10.1.1 Once a nurse has successfully completed an accredited course on nurse prescribing and the NMC has been notified, the individual must inform the Nurse Prescribing Lead. The PCT will then inform the PPA, who in turn supply Astron with the nurse's details and qualifications to enable a live database to be held

10.1.2 Once contacted the PCA will order prescription forms directly from Astron with the nurse's details as well as the details of their employer. Astron will supply prescription forms for nurse Prescribers which will arrive personalised with the nurse's details. The forms will be serially numbered and produced on specially printed, anti-fraud paper, there are 50 prescription forms on each prescription pad

10.1.3 Nurse Prescribers use specific types of prescription forms for prescribing, which can be identified by the dispenser. One form will be used for all practice, community nurses and health visitor prescribers, and this will be known as a FP (10) P and will be lilac in colour.

10.1.4 PCT nurses working across different GP practices should use one prescription pad, and <u>must</u> complete the relevant GP practice code for the patient. It is essential that the correct code be used to ensure correct allocation of prescribing expenditure.

10.1.5 Where a PCT nurse works for more than one Trust, a separate prescription pad for each Trust will be required.

10.1.6 The prescription form for community nurses will be printed to include the following:

Community nurses – Name, NMC Pin number, full address and telephone number of PCT
PCT code (a unique number)

10.1.7 Community nurses must also enter the following details:

The practice code with which the patient is registered
The nurses contact telephone number (in order to minimise delays to the patient receiving treatment, this must be a number where the nurse can be readily reached by the community pharmacist should there be a query with

the prescription)

10.2 Re-ordering of prescription forms

10.2.1 The re-ordering of prescription forms will be undertaken through the authorised person at EEMS PCT headquarters.

10.2.2 The authorised person will order prescription forms via the PCA once they have been informed by the Nurse Prescriber of the need for replacement forms

10.3 Receipt of prescription forms

10.3.1 Prescription forms will be delivered to the PCT headquarters and must be received, signed for and be passed to the authorised person.

10.3.2 The authorised person must keep written records of the following:-

The first and last serial numbers on each prescription pad.

The date the forms were issued

The signature of the nurse or authorised person receiving the Prescription forms

The authorised person must also ensure that all forms that were expected are received.

The authorised person will inform the nurse prescriber of the arrival of the prescription forms

The prescription forms will either be collected in person or via an authorised person (who will hold their own ledger) – individuals to clarify with their line manager local procedure

NB: The ledger will be kept for a minimum of 10 years.

10.4 Storage of prescription forms

10.4.1 The security of prescription forms and associated stationery is the responsibility of the Trust and the individual nurse prescriber. Nurse prescription forms are classed as "controlled stationery" that is, any stationery that may be used to obtain any medicines fraudulently.

10.4.2 When not is use, the prescription forms **must** be kept in a locked cabinet or other safe place (locked) within the work base.

10.4.3 The prescription forms **must not** be left unattended – e.g.: left in the car when the car is unattended.

10.4.4 When travelling between patients, the prescription forms should not be visible – preferably locked in a car boot. When visiting patients, it is advisable for nurses to keep prescription forms with them at all times.

10.4.5 The prescription pad should be kept intact at all times so that serial numbers can be traced. They should not be removed unless issuing a prescription or for the destruction of a spoilt prescription

10.5 Writing a prescription

10.5.1 It is the responsibility of each Nurse Prescriber to self assess their competency levels to prescribe on an ongoing basis and are advised to refer to the National

Prescribing Centre's "Maintaining Competency in prescribing" – an outline framework to help nurse Prescribers document (Found in each area's white folder – Guidelines for Practice.)

10.5.2 Under no circumstances should a blank prescription form be pre-signed or post-dated. This is essential to prevent misuse should they fall into the wrong hands.

10.5.3 The prescription should be filled out clearly and legibly using black ink, unless otherwise instructed

10.5.4 Complete all the following details, i.e. do not use abbreviations:

- Patient's surname
- Forename
- Date of birth
- Age
- Full address
- Name of prescribed item using approved medicine names
- The strength of the prescribed item
- Dosage and frequency
- Quantity
- Directions of the use
- Signature of nurse prescriber
- Date
- The practice code with which the patient is registered
- The nurse Prescribers contact telephone number

10.5.5 Prescribe quantities that are clinically and economically appropriate. As a guide:

- Prescribe a sufficient quantity to take the patient to their next assessment OR a maximum of ONE month's supply.
- **NB** - the frequency of administration should be taken into account e.g. if a dressing is being changed twice a week then the quantity prescribed should not exceed 8
- The amount prescribed should be on the basis of clinical need and NOT pack size. It is acceptable to prescribe quantities which do not correspond with the pack size
- To minimise risk and maintain integrity of prescribing it is NOT appropriate to enter into any informal arrangements around prescribing or supply of medicines
- Prescribe small quantities if prescribing a medicine, dressing or appliance: for the first time (to minimise waste if a product proves not to be effective or is not tolerated)
- For patients whose condition is not yet stable or predictable e.g. wound management where the optimum dressing has not been established
- Patients requiring long term treatments should be reassessed either after six repeat prescriptions or six months – whichever is sooner

10.5.6 Prescribing on FP10 prescriptions must only be for individual patients. It is not legal to :

- Issue a prescription for an individual patient and use the product prescribed for 'bulk supplies'

Supply or administer medicines or dressings prescribed for one patient to another patient

Once dispensed, a medicinal product becomes the property of the patient. It is regarded as theft if medicines, dressings or appliances are used for someone else or taken away from the patient without permission. Even if a patient gives their permission medicines etc must not be used for another patient because the quality cannot be guaranteed

10.5.7 When prescribing medicines outside the terms of the product licence, or an unlicensed product, Prescribers should be aware that they assume full responsibility not only for the patient's treatment, but also for the use and action of the drug (see unlicensed medicines policy)

10.5.8 Where there is more than one item on a form, a line should be inserted between the items for clarity.

10.5.9 Unused space on the prescription form should be blocked out with a diagonal line.

10.5.10 Nurse Prescribers may only write prescriptions on a form bearing their own name.

10.5.11 Any nurse issuing a prescription must have assessed the patient themselves

10.5.12 Nurses qualified to prescribe cannot issue a prescription on behalf of a nurse who is not a prescriber (unless the Prescriber has undertaken a full assessment of the particular patient)

10.5.13 Nurses must only prescribe items from the Nurse Prescribers Formulary appropriate to their qualifications and competencies.

10.5.14 If a mistake is made when writing a prescription, it should be crossed out and initialled and the correct details entered on the same form.

10.5.15 All patients requiring a nurse prescription must be registered with a GP, including refugees, travellers and the homeless.

10.5.16 Nurse prescriptions must not be written when an item has been administered to a patient using surgery/community trust stock.

10.5.17 Only one nurse prescription pad to be used at any one time.

10.5.18 The information regarding the prescription should be documented for:-

District Nurses – in the client/patient held records, or base notes, at the time of issuing the prescription by using the NP2 prescription form (see example attached to policy)

Health Visitors – in the child's red book, at the time of issuing the prescription, and then in the child health records back at the base, within 24 hours of the prescription being generated by using the NP2 nurse prescription form. (HV Nurses agree 19.9.05)

Supplementary Prescribers – must ensure that there is a copy of the current clinical management plan filed in the patient's notes, and that it is updated as necessary with the information regarding the prescription.

10.5.19 It is each individual nurse prescriber's responsibility to inform the patient's GP, via the surgery held records, as to what they have prescribed for their patient. This can be via computer and/or manual means and should be within 2 working days of a prescription being generated. This can be done personally by using a duplicate carbon copy sheet or by fax.

10.5.20 Each Nurse Prescriber should keep a copy of the details of their prescription by

using a duplicate carbon copy sheet for auditing purposes. (should be a suggestion not MUST DO)

10.5.21 If the Nurse Prescriber is covering for a prescribing colleague and writes a prescription for a patient from another practice, this information must also be sent to the DN/HV attached to that practice.

10.5.22 It is NOT possible to provide NHS prescriptions for patient/clients who are only registered with a private GP.

10.5.23 Prescriptions should be dispensed at the patient's pharmacy of choice. Nurse Prescribers must not direct prescriptions to specific pharmacies

10.5.24 The PCT strongly recommends that all nurse Prescribers should avoid prescribing for themselves or close family members, as judgement may be impaired and important clinical examination may be impossible If a Nurse Prescriber finds themselves in a position where they are able to prescribe for themselves or their family, then they must accept accountability for that decision.

10.6 Loss or suspected theft of prescription forms

10.6.1 The Nurse Prescriber must inform the nurse prescribing lead and line manager immediately. (NB: If out of hours the senior nurse on call is to be contacted)

10.6.2 The Nurse Prescriber is responsible for notifying as soon as possible the following:

The Primary care Agency pharmaceutical team leader –
Tel no: 0208 335 1398, who will inform local pharmacists, as well as the NHS counter fraud services, the police and the pharmacy team at the Trust headquarters.

10.6.3 The incident must be recorded and an untoward incident form completed.

10.6.4 The Nurse Prescriber must cease from writing all further prescriptions until the PCA have been informed and further advice has been given.

10.6.5 The nurse Prescriber will be advised by the PCA to write in coloured ink, usually red, for a defined period of up to 2 months.

10.7 Spoiled Prescriptions

10.7.1 Any mistakes on prescriptions should be crossed out, and initialled, and any amendments made on the same prescription form where possible

10.7.2 If a written prescription form is unable to be used, the nurse prescriber must destroy the spoiled form in front of their line manager (in the presence of another health professional) , and recorded using the NP1 form – spoiled prescriptions form (see example attached to policy). The line manager will be responsible for passing on the NP1 form for audit purposes to the nurse prescribing lead.

10.8 Employees who leave the Trust

10.8.1 Prescription forms remain the property of the PCT

10.8.2 It is the responsibility of the nurse prescriber to ensure that unused prescription forms are handed to their ledger holder on their last working day

10.8.3 The ledger holder will inform the authorised person at the trust headquarters who will in turn inform the PPA that the employee has left the Trust

10.8.4 Prescription forms must be returned, even if the nurse is intending to undertake bank work for the PCT. Post dated prescriptions must not be left at the clinic or with the patient to be dispensed at a later date

10.8.5 The ledger holder will inform the authorised person at the trust Headquarters who will in turn inform the PCA that the employee has left PCT

10.9 Bank Nurses

10.9.1 All bank nurses who are appropriately trained as nurse prescribers and who wish to prescribe in their role as bank nurse can do so once eligibility has been confirmed by nurse prescribing lead.

10.9.2 Once authorised, the bank nurse must adhere to the policy as above

10.10 Nurse Prescribers eligibility for BNF's and NPF's

10.10.1 Extended Formulary Nurse Prescribers (EFNP's)
Nurses qualified to prescribe from the extended formulary should receive a BNF during training and then twice yearly thereafter

10.10.2 Supplementary Prescribers (SNP's)
Supplementary nurse prescribers, when qualified will also be trained as EFNP's. They should receive a BNF during training and then twice yearly thereafter

10.10.3 District Nurses / Health Visitors (DN/HV)
Qualified district nurse and health visitor nurse prescribers will receive an updated copy of the NPF every two years.

10.10.4 Nurses who are not prescribers
Any nurse who has not trained as a prescriber (either EFN or DN/HV) is not entitled to a centrally provided BNF or NPF.

10.10.5 Ordering and distribution of BNF/NPF
The university will supply the initial BNF/NPF. Subsequent copies will be provided via the nurse prescribing lead for the PCT.

10.10.6 The nurse prescribing lead will identify nurse prescribers entitled to a centrally funded BNF/NPF, and will provide the non medical prescribing facilitator at the Surrey and Sussex Strategic Health Authority with the numbers of BNF/NPF required for the forthcoming period, together with a collated list of all DN/HV, EFNP and SNP, to include their full name, work contact address and telephone number, job title, NMC pin number and mode of prescriber. This information is required twice yearly.

10.10.7 The non medical prescribing facilitator (Surrey & Susses SHA) will twice yearly collate the numbers of BNF/NPF required and forward that information to the Department of Health, together with an updated contact list.

10.11 Drug Tariffs

10.11.1 All Prescribers are entitled to a drug tariff, once every six months.
It is the PPA who supply drug tariffs through their distributors. The Department of Health forward the contact details for prescribers to the PPA

11.0 RELATED GUIDELINES, POLICIES AND PROCEDURES

Policy for Consent to examination and treatment	K Staunton	PROF 001
Record Keeping	H Venn/Dino Adams	PROF 002
Wound Care Guidelines	Wound Care Forum	N/A
Maintaining competency in prescribing	National Prescribing Centre	N/A
Safe and secure handling of medicines	Pharmacy team	TBC

12.0 REFERENCES

Non medical prescribing policy – Surrey and Sussex Strategic Health Authority 2004
Policy statement for Nurse Prescribing East Elmbridge and Mid Surrey PCT - L Demko 2002

13.0 CONSULTATION PROCESS –

Wide consultation was sort as part of this policy review which included all directly employed nursing teams as well as Line Management.

14.0 CONSENSUS

Angela Moon - Director of Primary Care
Ann Ferguson - Team Co ordinator
Ann Thomas - District Nurse
Barbara Busby - District Nurse
Clare Johns - Senior Pharmacy Technician Primary Care
Donna Gibbs - Operational Manager
Dorothy Lambert - Team Co ordinator
Gail Henry - District Nurse
Gerry Massey - Health Visitor
Hilary Venn - Senior Nurse Professional Development
Janet Brogan – Modern Matron
Jo Pritchard – Director of Nursing
Julia Layzell – Modern Matron
Julia Davey – Respiratory Nurse Specialist
Julie Parsons – Team Co ordinator
June Ewart – District Nurse
Karen Jackson – Team Co ordinator
Kate Staunton – Health & Safety Manager
Penny Bryant – District Nurse
Neelam Sharma – Senior Prescribing Advisor
Rachel Cutler – Team Co ordinator
Ros Banner – Team Co ordinator
Ros Weston – Modern Matron
Rosemary Bowers – Team Co ordinator
Susan Grose – Modern Matron
Vanessa Lane – Chief Pharmacist
Vicki Dixon – Team Co ordinator

Appendices 1

East Elmbridge and Mid Surrey NHS
Primary Care Trust

SPOILED PRESCRIPTIONS – FORM NP1 Should be another HP NOT Line manager

NAME_____

DATE	SERIAL NUMBER	SIGNATURES REQUIRED Line Manager + Individual Prescriber

PLEASE COMPLETE ONE NP 1 FORM PER SPOILED PRESCRIPTION AND RETURN TO THE NURSE PRESCRIBING LEAD AS SOON AS POSSIBLE

Appendices 2

East Elmbridge and Mid Surrey NHS
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NURSE PRESCRIBING RECORD – FORM NP2

NAME……D.O.B……

DATE	PRESCRIBED ITEMS	SIGNATURE