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NHS Borders Independent/Nurse Formulary Prescribing Policy (previously NMP Policy)

Aim

The aim of this policy is to provide a framework which will allow Independent / Nurse Formulary Prescribers working within NHS Borders to practice safely and effectively.

This policy is a dynamic document and is continually reviewed to ensure it provides a local framework reflecting national legislation and policy. As such there may be a time lag between changes in legislation and the policy. Locally, the policy should be used to guide practice for new developments. The purpose of this policy is to set out the governance, administrative and procedural steps necessary to ensure patient safety and adherence to best practice guidance relating to non-medical prescribing (NMP) now known as Independent Prescribing (IP) within NHS Borders

The purpose of this document is to set out the principles on which Independent / Nurse Formulary Prescribing is based and ensure that:

- The emphasis remains patient focused and on improving access to medicines.
- That prescribing is an appropriate extension of prospective practitioner's roles.
- All Independent / Nurse Formulary Prescribers are appropriately qualified for their role and work within national and local guidance.
- All Independent / Nurse Formulary Prescribers are supported in their role and have access to continuing professional development.

The Independent / Nurse Formulary Prescribing policy should be read in conjunction with the following documents:

- [NHS Borders Code of Practice for the Control of Medicines \(including Controlled Drugs SOP\)](#)
- A Safe Prescription: Developing Nurse, Midwife and Allied Health Profession (NMAHP) Prescribing in NHS Scotland (Scottish Government 2010)
<http://www.scotland.gov.uk/Publications/2010/08/04102348>
- Royal Pharmaceutical Society Competency Framework for all Prescribers (2022)
[Prescribing Competency Framework | RPS \(rpharms.com\)](#)
- East Region Formulary (previously NHS Borders Formulary). Available on NHS Borders intranet.

2.0 Statement of Intent

The contents of this policy apply to all activity by Independent / Nurse Formulary Prescribers employed by, or providing services to, NHS Borders. This encompasses Independent, Supplementary and Community Practitioner Nurse Formulary Prescribers who are registered to prescribe within NHS Borders.

- Community Practitioner Nurse Prescribers
- Nurse Independent/Supplementary Prescribers
- Pharmacist Independent/Supplementary Prescribers
- AHP Independent Prescribers (Podiatrists/Physiotherapists/ therapeutic radiographers)
- Optometrist Prescribers (working directly for NHS Borders)
- (The number of professional groups eligible to prescribe may increase in future)

The policy also provides guidance useful to prospective prescribers, Team/Line Managers and Medical Practitioners.

3.0 Selection Process for Independent / Nurse Formulary Prescribing Training

The Operational Lead for Independent / Nurse Formulary Prescribing, Service Managers and Line Managers will be responsible for the selection of individuals suitable for Independent/Supplementary (V300), and Community formulary (V150) prescribing.

Those who intend undertaking Independent/Supplementary Prescriber training must have the required knowledge and competence to assess the clinical condition of a patient, undertake a thorough medical history, diagnose where necessary, and decide on the appropriate management of presenting conditions (NMC 2006).

The Scottish Government Tool: **A Guide to Assessing Competence in Assessment and Diagnosis** can be used by line managers to ensure that prospective applicants have the desired level of competence before submitting their study application, (Available electronically on the NHS Borders NMP Intranet site).

Those wishing to undertake prescribing training will need to demonstrate the following requirements:

- First level nurses registered with the NMC, Pharmacists registered with the General Pharmaceutical Council (GPhC), Allied Health Professionals registered

with the Health Professions Council, working in a role where there is a need to prescribe.

- Ability to study at Degree Level (level 9). On application the HEI will complete an assessment of academic ability and APEL to ensure that candidates are suitably qualified and prepared to undertake training.
- Post registration clinical experience, of which at least one year should be in the clinical area in which they intend to prescribe.
- Pharmacists and AHPs nominated for independent prescribing training should ensure that they are competent to prescribe in the area that they will be working following training. As with the above statement by the NMC, Pharmacists and AHPs will need to be competent in taking a history, undertaking clinical assessment and making a diagnosis.
- The candidate must have identified a designated medical prescriber (DMP) or recognised Designated prescribing practitioner (DPP) to provide safe and effective prescribing supervision.
- Role agreed as a priority for training by the Operational Lead for Independent / Nurse Formulary Prescribing.
- Candidates should possess a good level of Basic IT skills. A major requirement of the course is the use of distance learning materials and communication through the Universities' Web CT service.

4.0 Designated Medical Practitioner (DMP) or Designated Prescribing Practitioner (DPP)

It is a course requirement that each student has a DPP to act as their mentor that is an active and experienced prescriber (3 years) and meets the DPP framework (RPS 2019).

The DPP will be familiar with local Higher Education institution requirements and guidance from *RPS (2019) Designated Medical Practitioner, A Competency Framework for all Prescribers 2016* and *NMC (2018)/HCPC (2019) Standards Including Prescribing and Assessment & Supervision*

Independent Prescribing education requires that candidates spend a minimum of 90 hours learning in practice spread over the length of the course. It is the role of the DPP to support the prescriber, responsible for organising their own learning, in completing the period of learning in practice although some of this time may be spent with other appropriate prescribers.

There is information available for staff taking on this role from the Department of Health, Edinburgh Napier University and Queen Margaret's University (NHS Borders local Higher Educational Institute's) as well as the DPP framework and *NES Practice Assessor/Practice Supervisor Handbook* and resources. Both local HEIs offer support and resources to DPPs to fulfil this role.

Ideally potential students will identify a DPP with whom they have a close professional relationship based in their clinical area/role and will therefore be naturally aligned.

In some circumstances the potential student may work in professional isolation from prescribing practitioners or be unable to find an appropriate DPP, in such cases the Lead/Line manager will endeavour to identify a suitable DPP. A prescriber who is a V150 practitioner cannot hold this DPP role for a V300 student.

For V300 Independent prescribing students who are NMC registrants, they also require a Practice supervisor (PS) to be identified. The Practice Supervisor requires to also meet the DPP criteria (active and experienced prescriber) and fulfil the framework. A prescriber who is a V150 practitioner cannot hold this PS role for a V300 student. In some circumstances the potential student may work in professional isolation from prescribing practitioners or be unable to find an appropriate PS, in such cases the Non-Medical Prescribing Lead/Line manager will endeavour to identify a suitable PS.

For V150 Community Formulary prescribing students the DPP must be a registered prescriber and can hold a V150 or V300 qualification with least three years post qualifying practice. For further Guidance refer to '*A Competency Framework for Designated Prescribing Practitioners*' (2019)

5.0 Eligibility Criteria

Successful completion of a course will lead to the professional registration being added to the professional register of that practitioners governing body. All Independent/Nurse Formulary Prescribers are responsible for ensuring they are on their appropriate register.

All Independent / Nurse Formulary Prescribers must complete a process of local registration of their qualification and their intention to practice before they begin prescribing (see section 6.0).

Ongoing competence to prescribe should be discussed with the prescriber's line manager as part of their yearly appraisal and PDP (this will be aligned to the TURAS process). This should be facilitated with the use of a recognised competency framework such as the one produced by the Royal Pharmaceutical Society [Prescribing Competency Framework | RPS \(rpharms.com\)](https://www.rpharms.com)

6.0 Local Registration

Qualification and Registration will be checked and confirmed by the Independent / Nurse Formulary Prescribing Administrator. This includes new staff joining NHS Borders who have previously been practicing as prescribers in other areas.

Staff must be competent in-patient assessment and show robust clinical decision-making skills within a new role prior to prescribing.

A database of registration will be maintained which will include the details of all Independent / Nurse Formulary Prescribers eligible to practice in NHS Borders. This will be accessible to pharmacists for registrations to be checked as required.

Registrations will be checked and updated with the prescribers governing body on an annual basis to ensure that practitioners are maintaining their registration.

At the time of registration, the prescriber and line manager should also ensure that their job description and KSF outline will be updated to include the details of their prescribing practice.

It is the responsibility of individual prescribers to ensure any changes to registration details are reported to the Independent / Nurse Formulary Prescribing Administrator.

Independent / Nurse Formulary Prescribers that will prescribe controlled drugs as a part of their role must to identify this on their registration form. This forms a part of the governance and monitoring arrangements for Independent / Nurse Formulary Controlled Drug Prescribing.

For prescribers leaving the area or starting a new role within NHS Borders, practitioners should advise the Independent / Nurse Formulary Prescribing Administrator of their leaving date (by completing a Notification of change form or via email), and must return unused prescription pads.

(For further information on Local registration a copy of 'Useful Information for Independent / Nurse Formulary Prescribers' Leaflet is available on the NHS Borders Independent / Nurse Formulary Prescribing Intranet page).

7.0 Accountability, Indemnity, and Legal Liability

Prescribing Governance

Prescribing 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.

Clinical governance provides a framework for enabling Independent prescribers to practice safely, within their scope of competence, and in the interest of patient safety. It is the responsibility of the prescriber to carry out their roles and responsibilities within the governance framework laid out by their professional body and employer.

The Independent Prescribing Sub-Committee of the Area Drugs and Therapeutics Committee (ADTC) will take a strategic view of the implementation of Independent Prescribing in NHS Borders.

The sub-committee will support the development and implementation of Independent Prescribing, advising on the development of processes and policies, which focus on improved care through access to medicines and the development of the IP roles. The Committee will regularly report to the ADTC on the numbers of staff qualified as independent and supplementary prescribers. It is accountable to the ADTC for its activities and actions.

Clinical legal liability

NHS Borders is vicariously liable for its employees, assuming practitioners are appropriately trained and qualified independent and/or supplementary prescribers, and are prescribing with the NHS Board's consent, within the agreed parameters and their sphere of competence. Prescribing outside the legal parameters of independent or supplementary prescribing is a criminal offence. As an Independent Prescriber you must comply with the relevant legislation and governance frameworks and always be able to justify your actions.

All Independent prescribers should prescribe using evidence-based medicine, safely and cost effectively. The East Region Formulary, policies, procedures, and guidelines should be used to guide prescribing and choice of drugs, and prescribable items. The East Region formulary is a limited list of medicines approved for local use within hospitals and primary care in NHS Borders, NHS Fife and NHS Lothian. The choice of formulary products has been made based on clinical effectiveness, cost effectiveness, comparative safety and patient acceptability. The East Region Formulary should be followed for prescribing. Where there are medicines not in the formulary the non-formulary policy should be followed. Formulary link: [East Region Formulary](#).

7.1 Accountability

Independent Prescribers are accountable for their acts and omissions and cannot delegate this accountability to any other person, including any medicines prescribed.

Independent Prescribers can work as autonomous practitioners and are accountable in the same way as any other professional groups. All errors, near misses and adverse events should be reported through the local processes as soon as possible, after they have been identified. For example, on the Datix system/local reporting system and where appropriate via the MHRA Yellow card scheme.

Prescribing outside the legal parameters of either supplementary or independent prescribing is a criminal offence.

All Individuals are professionally accountable for every aspect of their practice, including prescribing to their relevant professional body as well as to their employer.

- **Nursing and Midwifery Council** - NMC: The Code (2015)
- **General Pharmaceutical Council** – Standards for Pharmacy Professionals (May 2017)
- **Royal Pharmaceutical Society of Great Britain** - Medicines, Ethics and Practice, A guide for Pharmacists
- **Health & Care Professions Council** – Standards of Conduct, Performance and Ethics (2008)

7.2 Vicarious Liability Cover

This covers Independent/ Nurse Formulary Prescribers registered on the NHS Borders database, appropriately trained, qualified and competent, and working with the consent of, and within the agreed policies and procedures of NHS Borders. NHS Borders may be held vicariously liable for the actions of Independent, Supplementary and Community Nurse Formulary Prescribers employed by the Health Board.

Staff are only covered and eligible when working within the scope of practice of their NHS Borders role.

7.3 Professional Indemnity Cover

Independent / Nurse Formulary Prescribers should ensure that they have professional indemnity insurance. This can be arranged through membership of their professional body or trade union but practitioners need to be aware that different organisations

provide varying levels of cover. If the union subscribed to does not provide adequate cover then this can be taken out with a range of private companies. Individuals who wish to take out additional indemnity insurance may do so at their own discretion and cost.

7.4 Information for Practice Nurses

GP Practice Nurses should be aware that the Royal College of Nursing (RCN) no longer provides professional indemnity cover for their prescribing practice. If practicing as a prescriber, practice nurses will need to ensure that they purchase their own professional indemnity cover, and need to also be aware that if this is purchased from the same provider as GP's working within the same practice and there is a conflict between the GP and practice nurse then the company providing cover will not support the nurse in this situation.

The Practice nurse should ensure that they are covered under the Practice's Vicarious liability insurance

Whilst there are no legal restrictions to the range of clinical conditions to which Independent/Supplementary prescribing can be applied, patients detained under the **Mental Health (Care and Treatment) (Scotland) Act 2003** remain the responsibility of the Independent Medical Prescriber (Responsible Medical Officer) and are therefore excluded.

8.0 Types of Prescribing

8.1 Prescribers

Independent Prescribing

Independent prescribers are responsible for ensuring they work within the standards laid down by their professional body and local organisation and have a responsibility to keep up to date with these. The Royal Pharmaceutical Society Prescribing Framework, *A Competency Framework for all Prescribers (2016)* must be used by all prescribers to ensure competence and informed practice.

All Independent Prescribers must ensure that patients are aware that they are being treated by a non-medical practitioner. There may be circumstances where the patient must be referred on to another healthcare professional to access other aspects of their care. Independent Prescribers can only prescribe for patients that they have assessed.

In the absence of the original prescriber, another independent prescriber may issue a repeat prescription or order repeat doses following an assessment of need and taking into consideration continuity of care. This may include Medicines Reconciliation at

admission, transfer and discharge of the patient where appropriate and following NHS Borders policies and guidance.

An Independent Prescriber can prescribe from the British National Formulary. They can prescribe any medicine provided it is in their competency to do so. This includes medicines and products listed in the BNF, unlicensed medicines and all controlled drugs in schedules two - five. (at the time of publication the only exception is regarding the prescribing of certain controlled drugs). The Independent Prescriber can prescribe; unlicensed medicines (those which have no product license), 'off-label' (medicines for use outside of their licensed indications, 'black triangle' drugs and drugs marked 'less suitable for prescribing' in the BNF, see section 8.5). However, they must take full clinical and professional responsibility for their prescribing and should only prescribe 'off-label' where it is best practice to do so, and they meet local requirements/agreements. They are able to initiate and complete an episode of patient contact independently including assessment, diagnosis and treatment. They must practice within the limits of their own competence and confidence.

Independent Prescribers will refer to other appropriate professionals whenever the scope of an episode of patient care exceeds their level of competence.

Independent Prescribers are fully accountable for their practice.

Supplementary Prescribing

This course is no longer available to nursing or pharmacy staff. However supplementary qualified prescribers may already be in post.

Supplementary Prescribing is a voluntary prescribing partnership between a Supplementary Prescriber who has completed an approved course, an Independent Medical Prescriber who is either a Doctor or a Dentist and the patient. Prescribing in this context will be implemented with the use of a patient specific Clinical Management Plan (CMP).

The CMP must be patient specific and drawn up, with the patient's capacity to consent, following diagnosis of the patient, and following consultation and agreement between the doctor and the supplementary prescriber. Patients who are deemed without capacity are therefore excluded from being able to consent to a Supplementary prescribing agreement.

CMPs do not need approval from any committees as they are agreements between the doctor and the supplementary prescriber with the consent of the patient. The supplementary prescriber is jointly accountable for the contents of the CMP with the independent prescriber and solely responsible for the decision to prescribe.

A Supplementary Prescriber cannot practice outside of the agreed CMP. Within the framework set by the CMP a supplementary prescriber can prescribe from the full range

of medications within the BNF (with the exception of some controlled drugs). They are also able to prescribe 'off label' as well as unlicensed drugs. See section 8.5).

A supplementary prescriber who prescribes without the agreement of a CMP would be subject to both investigatory/disciplinary proceedings by NHS Borders and action by their regulatory body as they will be acting illegally under the Prescription Only Medicines Order and outside of local guidance.

Community Practitioner Nurse Prescribing

This group of nurses have either qualified from a V100 or V150 course. They are fully accountable for their own practice. They are only able to prescribe from the Community Nurse Prescribers Formulary and can only prescribe these medicines for the specific conditions listed within the formulary. This qualification is of most benefit to Staff Nurses working in the community but the V150 course is open to all Nurses.

8.2 Prescribing Guidance

Before prescribing the Independent / Nurse Formulary Prescriber must carry out an in-depth full and holistic assessment of the patient including whether it is appropriate to issue a prescription or refer the patient to another health professional.

Prescribing should be informed by evidenced based practice and local and national guidelines. The East Region Formulary (previously NHS Borders Formulary) should be a key tool in prescribing practice.

All prescribing decisions should be made when the prescriber has access to the patient's medical records, a clear understanding and knowledge of the patient's medical conditions/history and is able to reconcile all current medicines.

8.3 Prescribing, Administering and Dispensing

There should always be a clear separation between prescribing and dispensing because of the requirement of a checking process. This process is a further level of safety within the prescribing process and should not be missed out.

In exceptional circumstances, a single registered practitioner can prescribe and dispense but if this is the case then a second competent person must be involved in the checking process.

8.4 Repeat Prescribing

Independent / Nurse Formulary Prescribers may issue repeat prescriptions. In such circumstances the practitioner should recognise that they are responsible and remain accountable for that prescription.

Independent / Nurse Formulary Prescribers should not issue repeat prescriptions unless they have assessed that the patient's routine checks and blood tests (if applicable) are up to date and there is no evidence of a significant change in the patient's health, are satisfied that the medication is still required, the dose and form is appropriate and that it is safe to provide the repeat, and that appropriate safety netting is in place, including appropriate review dates.

8.5 Controlled Drugs (CDs)

Independent / Nurse Formulary Prescribers can prescribe controlled drugs depending on the level of their qualification and local governance arrangements. The following statements should be read in conjunction with *NHS Borders Code of Practice for the Control of Medicines*. A prescriber must not prescribe any medicine for themselves. Neither should they prescribe a drug for anyone with whom they have a close personal or emotional relationship (friends or family).

- In March 2012 the Misuse of Drugs Act 1971 was amended to allow Nurse and Pharmacist independent prescribers to prescribe controlled drugs specified in Schedules 2, 3, 4 or 5.
- [Controlled drugs and drug dependence | Medicines guidance | BNF | NICE](#)
- [Misuse of Drugs Act 1971 \(legislation.gov.uk\)](#)

The only restriction to these changes is that Nurse and Pharmacist Independent Prescribers may not prescribe the following substances to a person they consider, or has reasonable grounds to suspect, is addicted to any controlled drug listed in the Schedule to the Misuse of Drugs (Supply to Addicts) Regulations 1997(4) save for the purposes of treating organic disease or injury:

- cocaine, any salt of cocaine, and any preparation or other product containing cocaine or any salt of cocaine;
- diamorphine, any salt of diamorphine, and any preparation or other product containing diamorphine or any salt of diamorphine
- dipipanone, any salt of dipipanone, and any preparation or other product containing dipipanone or any salt of dipipanone.

The full legislative changes can be viewed at:

<http://www.legislation.gov.uk/ukxi/2012/973/made>

Nurse and Pharmacist Independent prescribers can prescribe controlled drugs independently **only** if they have been registered as a CD prescriber on the NHS Borders NMAHP Prescribing register. Prescribing CDs will follow the principles of Independent / Nurse Formulary prescribing where the prescriber will only practice within their limits of competence and confidence.

Independent / Nurse Formulary Prescribers who are involved in the prescribing of controlled drugs will adhere to the NHS Borders Code of Practice for the Control of Medicines (see appendix 14.2 Links to useful documents).

Under no circumstances can practitioners prescribe controlled drugs for personal use.

Controlled drugs should only be prescribed for relatives/friends in an emergency when no other person is available to prescribe and if treatment is necessary to save a life or prevent serious deterioration. In such circumstances the practitioner must be able to justify their actions. When completing documentation, the relationship to the patient must be clearly identified and the emergency situation explained in order to justify the emergency prescribing of a controlled drug.

NMAHP Controlled drug prescribing will be monitored by the Controlled Drug Governance team/Operational Lead for Independent / Nurse Formulary Prescribing and will utilise data from PRISMS for this purpose (Prescribing Information System for Scotland).

8.6 Vulnerable groups

Medicines can present significant risk for patients, and this is especially so for vulnerable groups such as children and frail elderly. Independent / Nurse Formulary Prescribers should make sure they have relevant education, training, and competence for these groups in order to prescribe for them and make reference to national and local guidelines and protocols for these groups. Caution should also be taken when prescribing for lactating and pregnant women.

8.6 'Off Label' and Unlicensed Prescribing

In December 2009 amendments were made to the Medicines Act to allow Independent Nurse and Pharmacist Prescribers to prescribe unlicensed medicines. Nurse and pharmacist independent prescribers can now prescribe unlicensed medicines for their patients, on the same basis as doctors and dentists.

Medicines are classified as unlicensed if they do not hold a UK Marketing Authorisation issued by the Medicines and Healthcare products Regulatory Agency (MHRA).

Independent Prescribers can prescribe 'off-label' (medicines for use outside of their licensed indications, 'black triangle' drugs, and drugs marked 'less suitable for prescribing' in the BNF). However, they must take full clinical and professional responsibility for their prescribing and should only prescribe 'off-label' where it is best practice to do so.

This legislation also enables them to prescribe medicines that are mixed prior to administration as these are classed as unlicensed medicines (See Section 8.7). Nurse independent prescribers and pharmacist independent prescribers can prescribe and direct other healthcare professionals to mix medicines prior to administration, including controlled drugs [except diamorphine, cocaine and dipipanone for the treatment of addiction]. Any prescribing of unlicensed medicines should follow the Unlicensed Medicines Policy where applicable. Informed consent should also be obtained prior to prescribing an Unlicensed Medicines for any patient.

Independent and Supplementary prescribers may prescribe medicines which are unlicensed/off label when:

- there is no other licensed medicine available that would be appropriate.
- when a clear evidence base supports the use of the off label/unlicensed medicine.
- if the prescribing decision is discussed with the patient.

The rationale should be documented to support medicine choice and in the case of supplementary prescribers the medicine of choice and rationale must be documented within the CMP.

Any 'Off Label' or unlicensed prescribing should follow the guidance in:

- Policy for the use of unlicensed Medicines and 'Off Label' Medicines Use in NHS Borders.
- NHS Borders Code for the Control of Medicines.

8.7 Mixing Medications

Following changes to the Medicines Act, December 2009 Independent / Nurse Formulary Prescribers, (with the exception of Community Formulary prescribers), are able to prescribe and direct the administration of medications which are mixed in an appliance prior to administration e.g. syringe drivers/nebulisers/syringes.

As the mixing of more than one licensed medication creates an unlicensed product any such prescribing should follow the same procedure as prescribing an unlicensed medicine and should follow the Policy for Unlicensed Medicines and 'Off Label' Medicines Use in NHS Borders and the NHS Borders Code for the Control of Medicines.

Any prescribing of mixed medications should follow local, best practice, guidance.

8.8 Documentation/Communication

All prescribing must be carried out on an approved prescription form. In some areas, particularly within primary care Independent / Nurse Formulary Prescribers can prescribe electronically. Electronic prescriptions must be signed at the time of issuing.

Independent / Nurse Formulary Prescribers are required to keep contemporaneous records. It may not always be possible to have direct access to medical records, but it is the responsibility of the prescriber to ensure that the correct documentation is entered into the patient's notes, and that changes of medication are communicated to the patients G.P.

If prescribing under a Supplementary agreement, then the current CMP must be clearly visible within all records.

In the majority of cases all members of the prescribing team should have access to a shared patient record. Medical records must be annotated as soon as possible and within a maximum of 48 hours.

9.0 Security of Prescription Pads and Safe Handling

Practitioners take full responsibility for the safety and security of prescription pads that have been personally issued to them. Pads should be kept in a locked and secure place when not in use and when out of this environment they should be kept on the prescriber's person at all times.

Prescribers will keep a running log of number of prescriptions used and serial numbers so that any loss/theft can be quickly recognised and managed.

Prescribers

9.1 Prescription Pad Loss/Theft

In the event of loss, suspected theft or forgery the prescriber must report this immediately, or as soon as possible after loss or theft has been confirmed to the NHS Borders Independent / Nurse Formulary Prescribing Administrator and the BGH Pharmacy. Their line manager should also be informed.

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The Lead for Independent / Nurse Formulary Prescribing should be informed as soon as possible, as should the local police in the area from which the pad was lost or stolen.

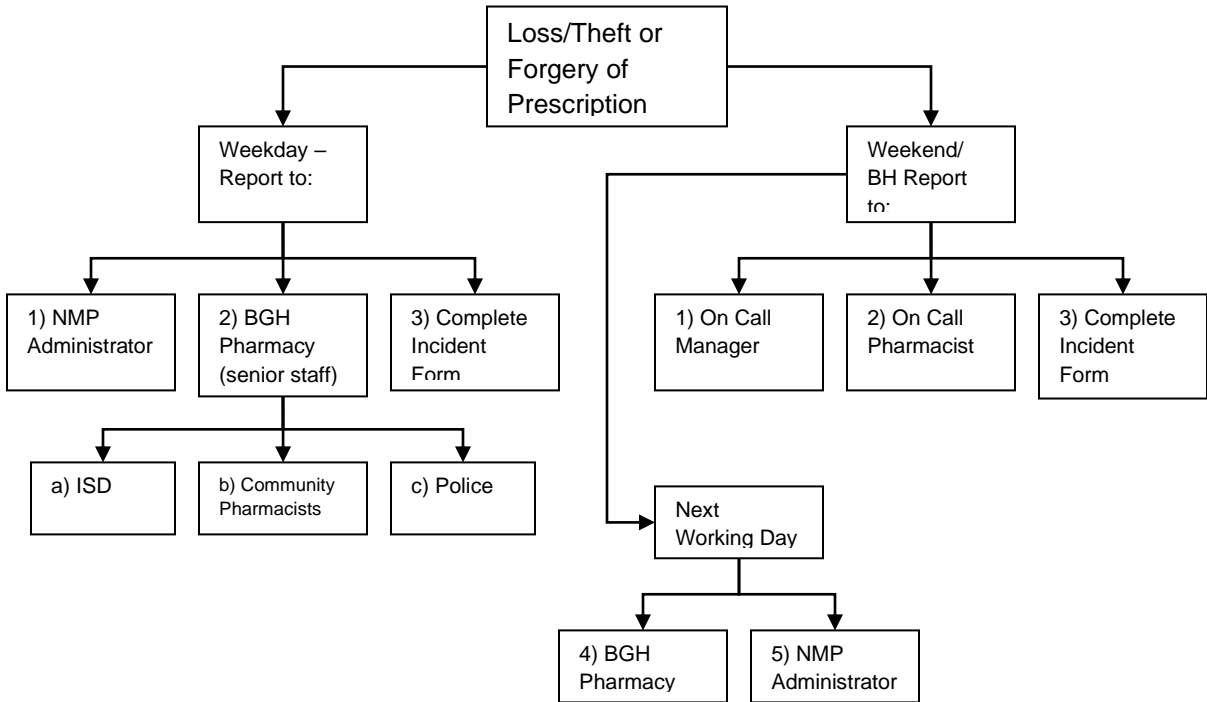
An Incident report form should be completed by the practitioner concerned. This should include details of the numbers of prescriptions missing, when they were last seen/first missing and whether there were any witnesses to a theft.

Pharmacy systems will be responsible for notifying local Community Pharmacists and deciding upon action to minimise the abuse of the forms. This will include instructions to the prescriber to sign all scripts in a particular colour (usually Red) for a period of two months.

If the theft occurs during a weekend/Bank Holiday, the prescriber should notify the on-call Manager and on-call Pharmacist of the incident. The Independent / Nurse Formulary Prescribing Administrator and BGH Pharmacy will also need to be informed on the next working day.

It is the responsibility of the Line Manager to ensure that prescription pads are retrieved from Independent / Nurse Formulary Prescribers who leave their employment. Old pads should be returned to the NMP administrator where they will be destroyed, by incineration, once the serial numbers have been recorded.

Algorithm for Prescription Pad Loss/Theft



(All numbered steps to be completed by Independent / Nurse Formulary Prescriber. Steps a), b) and c) will be completed by Pharmacy Staff).

9.2 Prescription Fraud

Prescribers should be aware that if a fraudulent prescription is suspected by a Pharmacist, they will contact the prescriber in order to clarify that the prescription is genuine. The pharmacist may also contact the prescriber if their identity/signature is unknown to them.

9.3 Reordering of Prescription Pads

Independent / Nurse Formulary Prescribers will be issued with a prescription pad/electronic prescription forms (as appropriate) following completion of their local registration and addition to NHS Borders database of prescribers. Further supplies of prescription pads can be ordered as required by contacting the Independent / Nurse Formulary Prescribing Administrator.

10.0 Patient Group Directions (PGDs)

This document does not cover Patient Group Direction (PGD) or other Prescription Only Medicine (POM) exemptions. Information on PGDs can be found on the NHS Education for Scotland (NES) website. www.nes.scot.nhs.uk

Patient Group Directions (PGDs) apply to all licensed medicines and limited controlled drugs. PGDs are a legal framework to enable the supply and administration of a specific medicine and dose within specified criteria to a patient or group of patients who may not be individually identified before presenting for treatment.

NHS Borders has developed a range of PGDs for use in various different areas. There are clear indications for their use and should not be confused with prescribing activity. Service Managers and Clinical Leads need to identify where PGDs/Independent / Nurse Formulary Prescribing are best employed.

Further information on PGD's available for use within NHS Borders can be found in the NHS Borders Patient Group Directions Website which is available on the intranet.

(<http://intranet/microsites/index.asp?siteid=421&uid=1>)

11.0 Reporting of Medication 'Near Misses' Errors and ADRs

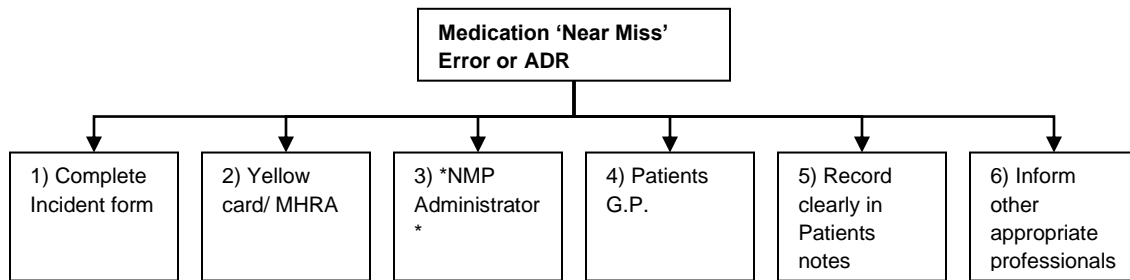
Independent / Nurse Formulary Prescribers must report and document patient adverse drug reactions when known, and via the Medicines and Healthcare Products Regulatory Agency (MHRA) Yellow Card system where appropriate (<http://yellowcard.mhra.gov.uk/>). Paper versions of the Yellow Card are also available and are included in the BNF.

An NHS Borders Adverse event recording form (Datix) will be completed by the prescribing practitioner. The patients GP and other appropriate professionals involved in the patients' care will be informed.

The Independent / Nurse Formulary Prescribing Administrator should also be informed of any incident. Details will be recorded by the Administrator in the notes section of the NMP database.

Reporting should be carried out for prescribed drugs, medicines obtained by patients over the counter and herbal medicines and any unlicensed medications.

Algorithm for Reporting of Medication ‘Near Misses’ Errors and ADRs.



(All steps 1-6 will be completed by the Independent / Nurse Formulary Prescriber).

*The NMP - Independent/Nurse Formulary Administrator is Personal Assistant to the Director of Pharmacy – 01896 825540.

12.0 Clinical Management Plans

Before supplementary prescribing can take place, an agreed CMP must be in place (written or electronic) relating to a named patient and to the patient’s specific condition(s) to be managed by the supplementary prescriber.

This should be included in accordance with consent from the patient and documented in the patient record. The CMP may require to be modified or terminated if the patient’s condition changes. For a CMP to be legally valid, the independent prescriber must be a doctor or a dentist. A supplementary prescriber can prescribe any medicine, including Controlled Drugs and unlicensed medicines that are listed in the agreed CMP.

The supplementary prescriber is jointly accountable for the contents of the CMP with the independent prescriber and solely responsible for the decision to prescribe.

Scottish Government guidance on Supplementary Prescribing should be followed at all times when prescribing in this capacity.

When creating a CMP the prescriber needs to ensure that all relevant details are included. The required details are listed on the Department of Health Website www.doh.gov.uk.

A template for the construction of a CMP is also available from the NHS Borders Independent Prescribing intranet site

<http://intranet/microsites/index.asp?siteid=512&uid=1>

Clinical Management Plans must include the following:

- The name of the patient to whom the plan relates.
- The illness or conditions which may be treated by the supplementary prescriber.
- The date on which the plan is to take effect, and when it is to be reviewed by the doctor who is the Independent Prescriber identified within the plan. The review date should be no longer than one year.
- Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan.
- Any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan.

If an electronic CMP is used there is still a requirement that a paper copy is agreed and signed by both the Independent Medical Prescriber and the Supplementary Prescriber. This should be securely fastened into the patient's medical records.

The CMP ends when any of the following criteria are fulfilled:

- 1) At any time at the discretion of the Independent Prescriber.
- 2) At the request of the Supplementary Prescriber or the patient.
- 3) At the time specified for the review of the patient (unless it is renewed by both prescribers at that time).
- 4) Where there is a sole Independent Medical Prescriber and he or she is replaced for whatever reason. In these circumstances the CMP must be reviewed by their successor.

The Supplementary Prescriber will pass responsibility back to the Independent Medical Prescriber if they feel that their knowledge of the medicines that are to be prescribed or the condition that is being treated fall outside their area of competence of knowledge.

If you are both an independent and supplementary prescriber, you must adhere to the terms of CMP whilst prescribing in this supplementary prescriber role.

13.0 Informing Patients

Professionals must ensure that patients are aware that they are being treated by a Independent / Nurse Formulary Prescriber and the scope and limitations of their prescribing.

Patients should be informed of and involved in the decision to implement Supplementary Prescribing. The agreement of the patient to be treated by a Supplementary Prescriber should be recorded in the Clinical Management Plan and patients' records.

Where difficulties in communication/language occur then this will be addressed by the Independent / Nurse Formulary Prescriber accessing the appropriate use of an Interpreter to ascertain the patients understanding.

14.0 Appendix

14.1 Glossary of Terms

ADR	-	Adverse Drug Reaction
AHP	-	Allied Health Professional
APEL	-	Accreditation for Prior Experience and Learning
BCAT	-	Borders Community Addictions Team
BCT	-	Borders Crisis Team
BJF	-	Borders Joint Formulary
BNF	-	British National Formulary
CPD	-	Continuing Professional Development
CHN	-	Community Health Nurse
CMP	-	Clinical Management Plan
DMP	-	Designated Medical Practitioner
DOH	-	Department of Health
DPP	-	Designated Prescribing Practitioner
GPASS	-	General Practice Administration System for Scotland
GPhC	-	General Pharmaceutical Council
HEI	-	Higher Education Institution
HPC	-	Health Professions Council
IP	-	Independent Prescriber
ISD	-	Information Services Division
KSF	-	Knowledge and Skills Framework
MHET	-	Mental Health for the Elderly Team
MHRA	-	Medicines and Healthcare products Regulatory Agency
NES	-	NHS Education for Scotland

NMC	-	Nursing & Midwifery Council
NMP	-	Independent / Nurse Formulary Prescribing
NPC	-	National Prescribing Centre
PDP	-	Personal Development Plan
PI	-	Prescribing Indicators
PRISMS	-	Prescribing Information System for Scotland
RPS	-	Royal Pharmaceutical Society
SP	-	Supplementary Prescribing
V100/150	-	Courses that qualify nurses to prescribe from the Community Practitioners Formulary.
V200/300	-	Courses that lead to a qualification in Independent/Supplementary Prescribing.

14.2 Links to Useful Documents

- NHS Borders – Code of Practice for the Control of Medicines (intranet link)
<http://intranet/resource.asp?uid=4378>
- NMC Standards of Proficiency for Nurse and Midwife Prescribers
<https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/>
- NMC - Standards of educational preparation for Prescribing from the Community Nurse Prescribers Formulary for nurses without a Specialist Practitioner Qualification – V150
https://www.nmc.org.uk/globalassets/sitedocuments/circulars/2009circulars/nmc-circular-02_2009-annexe-1.pdf