

Non-Medical Prescribing Policy

SUMMARY	
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CONTENTS

Section	Page
1.0 Introduction	3
2.0 Definitions	3
3.0 Purpose	4
4.0 Scope	5
5.0 Application to undertake a Non-Medical Prescriber Course	5
6.0 Criteria for NMPs to Prescribe	
7.0 Responsibilities	6
7.1 Employer	6
7.2 Non-Medical Prescriber	7
7.3 Mentor	7
7.4 CCG	7
8.0 Duties	
8.1 GP practice	7
8.2 CCG Non-medical Prescribing Lead	8
8.3 Non-Medical Prescriber	8
9.0 Professional Indemnity	9
10.0 Legal and Clinical Liability	9
11.0 Controlled Drugs	10
12.0 Registration Process	10
12.1 Newly Qualified NMP or Qualified NMP joining a GP practice	10
12.2 NMP Leaving Employment with a General Practice	11
12.3 Qualified NMP Change of Details	11
13.0 Requesting and receiving prescription stationery	12
14.0 Security and Safe Handling of Prescriptions	12
15.0 Competency	12
Appendix	
Appendix 1 - Leeds CCG Notification of NMP New Starter/Amendments	14
Appendix 2 - Information for New NMP	14
Appendix 3 - Notification of NMP Leaving a practice or cost centre	14
Appendix 4 - Setting up non-medical prescribers on clinical systems	14
Appendix 5 - Single competency framework template	14
Appendix 6 - Flow chart for new NMP registration process	15

1.0 Introduction

Legislation permitting the prescribing of medicines by health professionals other than doctors and dentists has been in place since 1998 to enable patients to have access to medicines when they need them and from the most appropriate practitioner, without them being required to attend further appointments or see additional health professionals. Non-medical prescribing has enabled the emergence of new clinical services and development of existing ones.

2.0 Definitions

2.1 Non-Medical Prescribers can be described as Independent or Supplementary:

A **Nurse Independent Prescriber** is a first level registered nurse whose name is recorded on the Nursing and Midwifery Council professional register, with an annotation signifying that the nurse has successfully completed an approved programme of preparation and training for nurse independent prescribing. Nurse Independent Prescribers may legally prescribe from the British National Formulary (BNF) including controlled drugs Schedule 2 to 5 (except diamorphine, dipipanone or cocaine for treating drug addiction). The authority to prescribe any controlled drug is given on the basis that Non-Medical Prescribers will only prescribe within their competence and in agreement with their employer.

<https://www.nmc.org.uk/registration/search-the-register/>

A **Community Practitioner Nurse Prescriber (CPNP)** is a district nurse/health visitor or any nurse undertaking a V100 or V150 prescribing programme as part of a Specialist Practitioner qualification. They can only prescribe from the Nurse Prescribers Formulary (NPF).

Please refer to the NMC Nurse Standards (see link below) for more information;

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf>

A **Pharmacist Independent Prescriber** is a pharmacist listed on the General Pharmaceutical Council (GPhC) register, with an annotation signifying that the Pharmacist has successfully completed an education and training programme accredited by the General Pharmaceutical Council and is qualified as an independent prescriber. Pharmacist independent prescribers may prescribe from the British National Formulary including controlled drugs Schedule 2 to 5 (except diamorphine, dipipanone or cocaine for treating drug addiction). The authority to prescribe any controlled drug is given on the basis that Non-Medical Prescribers will only prescribe within their competence and in agreement with their employer.

<https://www.pharmacyregulation.org/registers/pharmacist>

Following changes in legislation, **Paramedics, Physiotherapists, Podiatrists / Chiropodists, Optometrists and therapeutic Radiographers** are now able to train as Independent Prescribers. The Health Care Professions Council (HCPC) has set prescribing standards to support the Allied Health Professional (AHP). The standards of prescribing also apply to **diagnostic radiographers** and **dietitians** who have completed training to become supplementary prescribers.

<https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/>.

A **Supplementary Prescriber** is a registered professional who has successfully completed a recognised and approved education and training programme and is accredited by the appropriate professional body. They may be nurses, physiotherapists, diagnostic radiographers, podiatrists, pharmacists, dieticians or optometrists. Supplementary prescribers may prescribe as part of a Clinical Management Plan (CMP) and in conjunction with a doctor or a dentist, prescribe from the British National Formulary.

2.2 A **Designated Medical Practitioner (DMP)** is required by all students undertaking the Prescribing Programme. The Designated medical practitioner is a registered medical practitioner, usually based at the same site as the student, who is willing to contribute to and supervise 12 days of learning in practice.

2.3 A **Mentor** is a registered medical practitioner nominated in the practice or service where the Non-Medical Prescriber is employed to provide support, mentorship, meet regularly and to monitor the prescriber's continuing professional development portfolio for assurance purposes. The Mentor also co-signs the Leeds CCG Notification of a Non-Medical Prescriber New Starter / Amendments form (Appendix 1) to confirm their scope of prescribing practice. This form should be updated annually and this can serve as a useful time to monitor continuing professional development. The Mentor may have previously been the Non-Medical Prescriber's designated medical practitioner when they were a non-medical prescribing student. For supplementary prescribers, the Mentor may be the independent prescriber named on the Supplementary Care Management Plan. All Non-Medical Prescribers should have a Mentor.

3.0 Purpose

This policy has been developed to ensure that all prescribing by all Non-Medical Prescribers is managed and governed robustly in GP Practices and the Clinical Commissioning Group, and to ensure:

- Professional and statutory obligations are met
- Prescribing benefits patient care by improving access to medicines
- Robust standards are in place for non-medical prescribing
- Clarification on accountability and responsibility
- There is a framework and guidance under which potential applicants can determine eligibility to undertake an approved Prescribing Programme.

The benefits of Non-Medical Prescribing are to:

- Improve patient care without compromising patient safety
- Make it easier for patients to get the medicines they need
- Increase patient choice in accessing medicines
- Make better use of the skills of health professionals
- Contribute to the introduction of more flexible teams working within GP practices or commissioned services.

4.0 Scope

4.1 This policy sets out a framework for the development and implementation of non-medical prescribing within the Clinical Commissioning Group, to establish a consistent approach for non-medical prescribing.

4.2 This policy applies to all registered nurses, pharmacists and other allied health care professionals employed by a GP practice or other provider linked to the Clinical Commissioning Group prescribing budget, who, in accordance with their job descriptions, undertake prescribing as part of their role.

4.3 This policy relates to all non-medical prescribing activity within the Clinical Commissioning Group.

4.4 This list is not exhaustive and may be expanded following further legislation changes.

4.5 This policy should be read in conjunction with the relevant Professional Body's guidance around the administration and management of medicines:

- a. Standards of proficiency for nurse and midwife prescribers - Nursing & Midwifery Council

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-proficiency-nurse-and-midwife-prescribers.pdf>

- b. General Pharmaceutical Council: Standards of Conduct, Ethics and Performance

- c. Medicines and Prescribing- Health and care Professions Council

<https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/>

5.0 Application to undertake a Non-Medical Prescriber Course

5.1 Health Care professionals who wish to undertake a course of study to qualify as an Independent Prescriber should enquire about course availability and admission criteria with an accredited university. Health care professional bodies e.g. the General Pharmaceutical Council or Nursing and Midwifery Council, can supply information about accredited university courses.

5.2 The prospective student must ensure they have the support of their employer and have identified a Designated Medical Practitioner (DMP), a registered doctor who will supervise and mentor them during their training. This is normally a requirement of course entry.

5.3 Being a DMP represents a considerable time commitment on behalf of the doctor so the student should supply the doctor with written details from their chosen university of what will be expected (see Point 2.2 above, a good overview from Manchester University is available [here](#)). The doctor should have the support of their employer before agreeing to become a DMP.

5.4 Course fee funding for NHS practitioners working for the CCG or in primary care may be available from Health Education England. Applicants should enquire with their chosen university about Specialist Skills Post Registration Development (SSPRD) Funding to access this. Funding is supplied on a first come first served basis so it is important that applicants discuss funding options with the university as early as possible.

5.5 Access to NHS funding will require the support of the applicant's line manager and CCG Non –Medical Prescribing Lead. In Leeds this is:

Sally Bower, Head of Patient Safety and Medicines Optimisation Commissioning Team

NHS Leeds Clinical Commissioning Groups Partnership

Units B5-B9, WIRA House

West Park Ring Road

Leeds, LS16 6EB

0113 8435452

sallybower@nhs.net

6.0 Criteria for NMPs to Prescribe

Practitioners who satisfy ALL the following conditions will be entitled to prescribe within Leeds Clinical Commissioning Group (CCG).

- Works within a GP practice ,Primary care or in Community in the CCG area
- Has access to a budget from which to prescribe (team or practice will have a cost centre budget set up to which they can be linked to)
- Is authorised as competent by the employing body to prescribe in their area of practice
- Has successfully completed an approved prescribing / extended prescribing training course
- Is registered with the appropriate regulatory body (e.g. NMC, GPhC) as a prescriber
- Is registered with the NHS Business Services Authority (NHSBSA) via the CCG
- Has appropriate indemnity insurance covered by the individual or practice (this must be checked before working as a prescriber)

7.0 Responsibilities

This section contains an overview of the responsibilities, duties and accountability of both the individual and the organisation.

7.1 The employer e.g. GP Practice, will be responsible for:

- Ensuring the appropriate healthcare professionals meet the criteria to attend the non-medical prescribing course
- Identifying a GP Mentor
- Having a locked facility for prescription pads (if required)
- Ensuring the Non-Medical Prescriber has access to a prescribing budget
- Ensuring the Non-Medical Prescriber is prescribing in their area of competency.
- Ensuring Non-Medical Prescribers are registered with the NHS Business Services Authority (NHSBSA) for their practice before prescribing. Please note that it takes the NHSBSA between three to five working days to register Non-Medical Prescribers to prescribe in a practice.
- Notifying the CCG Non-Medical Prescribing Lead when a Non-Medical Prescriber leaves the practice and ensuring Non-Medical Prescribers are de-registered with the NHS Business Services Authority.
- Ensuring the Non-Medical Prescriber attends supervision and has access to appropriate continuing professional development opportunities
- If necessary, investigating any anomalies and reporting back findings to the Clinical Commissioning Group
- Monitoring the Non-Medical Prescriber's continuing professional development portfolio at agreed intervals, at least once a year
- Informing the CCG Non-Medical Prescribing Lead of any prescribing issues involving the Non-Medical Prescriber.

- Performing an annual check that the healthcare professional maintains their registration as a Non-medical prescriber with the appropriate regulatory body e.g. HCPC, NMC, GPhC

7.2 The Non-Medical Prescriber is responsible for:

- Being professionally obliged to act only within and not beyond the boundaries of their knowledge and competence
- Submitting a completed Leeds CCG Notification of Non-Medical Prescriber New Starter/Amendments form, if newly qualified, and following any changes to practice (see Appendix 1). This specifies their scope of practice from which they intend to prescribe, to their employer and the Clinical Commissioning Group. This should be completed for each practice where the Non-Medical Prescriber prescribes
- Ensuring that they provide evidence based, safe and cost effective prescribing at all times and adhere to the local formulary and guidelines
- Adhering to their professional code of conduct and to this policy
- Ensuring that their patients are made aware of the scope and limits of non-medical prescribing and to ensure patients understand their rights in relation to non-medical prescribing (the right to refuse)
- Ensuring their prescribing competency is maintained by means of continuing professional development (CPD)
- Maintaining an up-to-date portfolio documenting clearly the hours of continuing professional development completed and its form
- If required, meet with their GP Mentor to ensure prescribing is within the scope of their competencies
- Resubmitting Leeds CCG Notification of Non-Medical Prescriber New Starter/Amendments form (Appendix 1) where competencies change following discussion with GP Mentor and after undertaking appropriate training.

7.3 The Mentor will be responsible for:

- Providing support and mentorship and meeting the Non-Medical Prescriber regularly to discuss any prescribing issues. Newly qualified Non-Medical Prescribers would benefit from more frequent meetings
- Monitoring the Non-Medical Prescriber's continuing professional development portfolio at agreed intervals, at least annually, for assurance purposes
- Co-signing the Non-Medical Prescriber's Leeds CCG Notification of Non-Medical Prescriber New Starter/Amendments form to confirm their scope of prescribing practice
- Address any prescribing issues in accordance with the Practice's process for dealing with concerns, and informing the CCG Non-Medical Prescribing Lead as required.

7.4 The Clinical Commissioning Group will be responsible for:

- Updating the register of non-medical prescribers in the Clinical Commissioning Group according to notifications received from employers, mentors and non-medical prescribers
- Monitoring prescribing data on an annual basis including controlled drugs.
- Highlighting any prescribing issues and escalating any non-medical prescribing issues that haven't been dealt with at practice level, as appropriate.

8.0 Duties

8.1 The employer e.g. GP practice

The employer will have overall legal responsibility for the quality of care that patients receive and for securing patient safety which will also include to:

- Ensure the practitioner has the skills and knowledge and competencies necessary to carry out the role;
- Provide accurate details to the Leeds CCG NMP lead to ensure the NMP is registered with the NHS Business Services Authority (NHSBSA) prior to them starting in the post (Appendix 1);
- Include an accurate summary of prescribing responsibilities in the practitioners' job description;
- Support appropriate Continuing Professional Development (CPD)- the employing practice should ensure that nurses / pharmacists have access to continuing education
- It is recommended that during annual PDRs or the equivalent contract review, competency to prescribe, eligibility to prescribe and scope of prescribing practice, reflecting any change in clinical areas of responsibility and changing competencies should be discussed. This should also include evidence of competency as described in the Single Competency Framework for all Prescribers (see section 15.0)
- NMP prescribing data can be provided upon request by contacting the CCG Non-medical prescribing lead/Medicines Optimisation team
- Inform the CCG Non-medical prescribing lead when an NMP leaves the practice, so that this information can be sent to the NHS BSA to remove them from the cost-centre.

8.2 CCG Non-medical Prescribing Lead:

The CCG NMP lead will provide leadership for and have oversight of:

- Registration of NMPs with the NHSBSA
- Maintenance of the NMP database containing registration details, date of registration, registration number, practice/s they may work in, date employment started in the practice/s, details of lead GP clinician, etc.
- Monitoring of prescribing and responding to prescribing/fitness to practice requests from NHS England
- Provide prescribing data upon request from the GP practice or NMP

8.3 Non-Medical Prescriber

- Must act in accordance with their professional code of conduct as set out by their own regulatory bodies and to their employing / contracting organisation policy on non-medical prescribing;
- Must act within their own professional competence and expertise when prescribing and work in line with local guidance (or evidence-based national guidance approved locally e.g. NICE) and the local formulary
- Must ensure that patients are aware they are being treated by a NMP and the scope of their prescribing practice may mean referral onto another health care professional if necessary
- Ensure that they provide appropriate, evidence based, safe, cost effective prescribing to their patients/ clients at all times in line with the local formulary;
- Work in line with policies and guidelines ratified by their employing organisation including Leeds Health pathways; prescribing incentive schemes, antimicrobial guidance, formularies etc.
- Utilise prescribing software and decision making tools offered by the CCG;
- Accountability will also include decisions taken to recommend "over the counter" items and for the decision not to prescribe;
- The prescriber must be able to justify any action or decision not to act, taken in the course of their professional practice;
- Is required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care
- Ensure that prescriptions are written legibly and legally;
- All Non-Medical Prescribers should ensure they have adequate professional indemnity insurance that covers them for the scope of their prescribing practice;

- Maintain a portfolio of their Continuing Professional Development & identify individual training needs with the employing practice. It is the responsibility of the individual NMP to ensure they remain up to date on therapeutics in the field of their prescribing practice and on changes in national and local prescribing policy.

9.0 Professional Indemnity

Where a trained and qualified healthcare professional prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable and corporately responsible for their actions. All healthcare practitioners are accountable to their own professional bodies for their actions and must act at all times in accordance with their Codes of Conduct, Ethics and Standards.

The non-medical prescriber must ensure that their job description includes a clear statement that prescribing is required as part of the duties of that post or service and that agreement has been reached with their line manager about the areas of prescribing practice.

All NMPs should ensure they have appropriate professional indemnity by means of their membership with a professional organisation or trade union body.

10.0 Legal and Clinical Liability

Each qualified Non-Medical Prescriber is individually and professionally accountable for all aspects of their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. They should prescribe within the locally agreed formulary, guidance and policies.

The Nursing and Midwifery Council (NMC) requires employers to have the clinical governance infrastructure in place which includes a Disclosure and Barring Service (DBS) check and evidence of up to date registration with a professional body to enable the registrant to prescribe once qualified.

All Non-Medical Prescribers are expected at all times to work within the standards and codes of professional conduct as set out by their own regulatory bodies (see below), as well as the policies and guidelines ratified by their employer:

- a) Nursing and Midwifery Council: Standards for Non-Medical Prescribers
- b) General Pharmaceutical Council: Standards of Conduct, Ethics and Performance
- c) Health and Care Professions Council: Standards for Prescribing.

Non-Medical Prescribers must ensure that patients are aware that they are being treated by a Non-Medical Prescriber and of the scope and limits of their prescribing. Therefore, there may be circumstances where the patient has to be referred on to another healthcare professional to access other aspects of their care.

Non-Medical Prescribers must not prescribe for themselves. Neither should they prescribe for anyone with whom they have a close personal or emotional relationship, other than in exceptional circumstances. Refer to the relevant professional bodies' standards and codes of ethics detailed above.

Non-Medical Prescribers must be able to recognise and deal with pressures that might result in inappropriate prescribing. The advertising and promotion of medicines is strictly regulated under Part 14 of the Human Medicines Regulations 2012, and it is important that Non-Medical Prescribers make choices of a medicinal product for their patients on the basis of evidence, clinical suitability and cost effectiveness and in line with the local formulary. Non-Medical Prescribers need to be familiar with and comply with their professional standards on interface with the pharmaceutical industry.

If a prescriber issues a repeat prescription, they are responsible and accountable as the signatory of that prescription: They should be familiar with the patient, their condition and the medication required and remain within their scope of practice.

Independent prescribers may prescribe medicines for uses outside their licensed indications/UK marketing authorisation (off label) or unlicensed medicines. In doing so they accept professional, clinical and legal responsibility for that prescription and should only prescribe off label/unlicensed medication where it is accepted clinical practice and in accordance with the local formulary.

In order to prescribe off label, the following conditions apply. The prescriber:

- Is satisfied that it would better serve the patient's needs than a licensed alternative
- Is satisfied that there is a sufficient evidence base to demonstrate its safety and efficacy
- Should explain to the patient in broad terms why the medicines are not licensed
- Must make clear, accurate and legible records for all medicines prescribed and the reason for prescribing off label.

The Non-Medical Prescriber should where possible separate prescribing and supply or administration in relation to medicines. In exceptional circumstances where the Non-Medical Prescriber is involved in both the prescribing and administration of medicines a second suitably competent practitioner should be involved in checking the accuracy of the medication provided.

The Non-Medical Prescriber should ensure that the patient/carer has sufficient information to enable the patient to derive the maximum benefit from the medicine. They will need to use their judgment regarding the competence of the patient/carer to administer the medicine safely and according to instructions, this will include for example:

- a) That storage is safe and secure and affords environmental protection for the medicine (heat, light, moisture)
- b) That the patient/ carer understand the reason for taking/using the medicine and the consequences of not doing so.

11.0 Controlled Drugs

11.1 A Non-Medical Prescriber must only prescribe controlled drugs if they are legally entitled to do so. They must not prescribe beyond their limits of competence and experience. Legally the prescription must include the dosage to avoid uncertainty on administration.

11.2 Non-Medical Prescribers should be aware of the Practice policies around the handling and management of controlled drugs.

11.3 Please refer to Controlled drugs: safe use and management (NG46) published by the National Institute for Health and Care Excellence (NICE), April 2016 which can be found at: <https://www.nice.org.uk/guidance/ng46>

12.0 Registration Process

12.1 Newly Qualified NMP or Qualified NMP joining a GP practice (see also Appendix 6 – Flowchart)

Following successful completion of a NMP course, receipt of notification from the relevant regulatory body and confirmation of the qualification on the professional register, the following steps must be taken before the individual undertakes prescribing:

- a) Non-Medical prescriber must ensure appropriate indemnity insurance cover (see section 9.0 for further details)
- b) Registration with the NHS Business Service Authority - The practice manager should complete Appendix 1 - Leeds CCG Notification of Non-Medical Prescriber New Starter/Amendments and send to: leedsccg.medsoptcommissioningteam@nhs.net
- Following receipt of the completed Appendix 1 - Leeds CCG Notification of Non-Medical Prescriber New Starter/Amendments form, the Medicines Optimisation Commissioning Team will confirm authorisation and forward a completed Non-Medical Prescriber Joining a GP Practice or Cost Centre form to NHS Business Services Authority (BSA). NHS BSA takes 3 to 5 working days to process requests.
- The Commissioning Medicines Optimisation Team will inform the practice manager via email that the NHS BSA form has been submitted.
- The Commissioning Medicines Optimisation Team will send the NMP an introductory letter (see Appendix 2) and a copy of this Non-Medical Prescribing Policy

12.2 NMP Leaving Employment with a General Practice

The CCG NMP lead must be notified when a non-medical prescriber leaves a practice to enable notification of this to the NHS Business Services Authority.

- a) The practice manager should complete Appendix 3- Notification of Non-Medical Prescriber Leaving form and send to leedsccg.medsoptcommissioningteam@nhs.net :
- b) The Medicines Optimisation Team will arrange authorisation and forward the completed Non-Medical Prescriber Leaving a GP Practice or Cost Centre form to NHS BSA. The NHS BSA takes 3 to 5 working days to process requests.
- c) The Medicines Optimisation team will inform the practice manager via email that the NHS BSA form has been submitted.

12.3 Qualified NMP Change of Details

It is the responsibility of individual prescribers to ensure any changes to registration details are reported to the CCG NMP lead for annotation of database records and to enable notification of changes to NHS Business Services Authority (PPD)

The following process is required when a NMP employed in General Practice changes their details including:

1. NMP Code e.g. NMC PIN / Regulatory Body Code
2. Surname
3. Title e.g. Mrs / Ms
4. Qualification (nurse prescribers only)

- a) The practice manager should complete Appendix 1 - Leeds CCG Notification of Non-Medical Prescriber New Starter/Amendments and send to leedsccg.medsoptcommissioningteam@nhs.net
- b) The Medicines Optimisation Team will forward the completed Non-Medical Prescriber Amendments form to NHS BSA for authorisation. The NHS BSA takes 3 to 5 working days to process requests.
- c) The Medicines Optimisation team will inform the practice manager via email that the NHS BSA form has been submitted.

13.0 Requesting and receiving prescription stationery

Authorisation to prescribe using the practice clinical system is obtained via the employer. All computer generated prescriptions must be in accordance with NHS Business Services Authority requirements, available from www.nhsbsa.nhs.uk. All prescriptions must have the Non-Medical Prescriber's name, professional registration number and practice code and must be signed and dated by the named Non-Medical Prescriber only.

See Appendix 2 for Guidance on adding non-medical prescribers to clinical systems

Personalised FP10 prescription pads are available from Primary Care Support England (PCSE), via the online supplies ordering portal at www.pcse.england.nhs.uk/supplies (using the Practice's unique identity number – call the Health and Social Care Information Centre (HSCIC) on 0300 303 4034 to obtain a number) - for more information please call the PCSE customer support line on 0333 0142 884 (select supplies).

Pads will be delivered directly to the practitioners' work address and take approximately two to three weeks to be delivered. Should practitioners have not received their prescription pads after this time they should contact the PCSE Customer Support Centre: Phone - 0333 0142 884 or Email - PCSE.enquiries@nhs.net

14.0 Security and Safe Handling of Prescriptions

12.1 Controlled stationery is any stationery, which in the wrong hands, could be used to obtain medicines or medical items fraudulently. Prescription pads are considered controlled stationery and are issued by NHS England local services and remain the property of the employer at all times.

12.2 There must be a robust system in place at the practice to ensure safe handling of pads. All Non-Medical Prescribers should be aware of the Practice policies around controlled stationery.

Further guidance on the Management and control of prescription forms is produced by NHS Counter Fraud Authority and available on their website.

https://cfa.nhs.uk/resources/downloads/guidance/Management%20and%20control%20of%20prescription%20forms_v1.0%20March%202018.pdf

15.0 Competency

All healthcare professionals have a professional responsibility to keep themselves updated with clinical and professional developments in line with their relevant professional body.

To support all prescribers to prescribe effectively a [single prescribing competency framework](#) (for template see Appendix 4) was published by the National Prescribing Centre/National Institute for Health and Clinical Excellence (NICE) in 2012 and updated by the Royal Pharmaceutical Society in 2016. The framework was developed because it became clear that a common set of competencies should underpin prescribing regardless of professional background. The updated single competency framework was published in July 2016, by the RPS with the backing of NICE and in collaboration with all the prescribing professions UK wide, for use for all regulators, professional bodies, and prescribing professions. The competency framework has been endorsed by professional bodies representing other prescribers.

Non-Medical Prescribers are encouraged to spend time with their mentor on an ongoing basis. The Single Competency Framework can be used to support mentorship. A portfolio of recent evidence should be developed to demonstrate achievement and maintenance of the required competencies linking in with the appraisal process.

Staff joining a practice/ CCG who are already qualified as Independent/ Supplementary prescribers and are planning to extend their prescribing to a new clinical specialty or an extended range of medicines, should undertake some supervised practice (timescale agreed by manager/ supervisor) under the direction of the independent medical prescriber with whom they will be working. The Single Competency Framework can be used during this time to ensure training needs are identified and met. The GP practice must confirm to the CCG NMP Lead that the Non-Medical Prescriber is competent to carry out their role before prescribing commences, using - Leeds CCG Notification of Non-Medical Prescriber New Starter/Amendments (Appendix 1).

Appendices

Appendix 1- Leeds CCG Notification of Non-Medical Prescriber New Starter/Amendments

Notification of Non-Medical Prescriber New Starter/Amendments

Please tick appropriate box

- New starter
- Newly qualified prescriber
- Temporary employee
- Additional Practice

Section A: Prescriber details		
1	First Name	Surname
2	NMP Type:	Nurse/Midwife <input type="checkbox"/> Optometrist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Podiatrist <input type="checkbox"/> Radiographer <input type="checkbox"/>
3	Professional Registration Number	
4	Change of surname	From: To:
5	Title (Mr/Mrs/Miss/Ms/Sister)	
6	Date of birth	
7	Contact details	Email:- Phone:-
8	Qualification (independent, supplementary, community practice nurse prescriber)	
9	Therapeutic areas of practice E.g.:- asthma, wound care	
10	Date of registration as prescriber	
11	Indemnity Insurance Cover	Yes/No
12	Specimen signature	
13	Effective start date	
Section B: Base details		
1	Name, address, & contact number of base	
2	GP practice code e.g. Bxxxxx or other cost centre code eg Yxxxxx	
Section C: Declarations		
<u>Non-Medical Prescriber</u>		
My intended scope of prescribing practice has been discussed and agreed with the lead clinician. I confirm I will only prescribe for areas within my competency and will undertake Continuing Professional Development.		
Non-medical Prescriber's Signature		
Name (please print)		
Date		
<u>GP Mentor or Lead Clinician</u>		
I confirm that the applicant is employed in their role as specified above and that they are required to prescribe in this role. I also confirm that the applicant is competent to prescribe in the agreed area and prescribing will be regularly reviewed.		
Lead Clinician's Signature		
Name (please print)		
Date		

Please complete and scan back (or send) to: Medicines Optimisation Team – Commissioning leedscg.medsoptcommissioningteam@nhs.net

Updated: Sarah Towriss – Medicines Commissioning Project Support Administrator 12.11.2018

Appendix 2 Information for new Non-Medical Prescribers

Medicines Optimisation Team - Commissioning
NHS Leeds Clinical Commissioning Group
Suites 2 – 4, WIRA House
WIRA Business Park
Leeds
LS16 6EB
Telephone Enquiries: 0113 8435470
Fax: 0113 8435471
leedscg.medsoptcommissioningteam@nhs.net

Dear Non-Medical Prescriber,

You are now set up with the NHS Business Services Authority (NHSBSA) as a Non-Medical Prescriber. Here is some key information that you may find useful as a Non-Medical Prescriber:

1. Prescribing data

Your practice manager will be able to register you with the NHSBSA to view your practice prescribing reports and dashboards on ePACT2. You can access practice level prescribing data without a login at <https://openprescribing.net/>. The CCG Medicines Optimisation Commissioning Team can also access your individual prescribing data via ePACT2. Just ask if you would like a summary once you've been prescribing for a few months. The data we can access is usually around 3 months behind the current date.

2. Medicines/Prescribing queries

For medicines information queries please contact Newcastle Medicines Information 0191 282 4631
For more local information please access Leeds Health Pathways - <http://www.lhp.leedsth.nhs.uk/> or contact Medicines Information at Leeds Teaching Hospitals 0113 2065377 email: medicines.information@nhs.net

3. Medicines Optimisation Guidance, Clinical Guidelines, Prescribing Data and Training

PrescQipp supports quality optimised prescribing for patients. Also practice level prescribing data. <https://www.prescqipp.info/>
Register with your NHS email. Full access passphrase: **wren**

4. Traffic Light classification of drugs

Please look at this link on Leeds Health Pathways. Your prescribing must adhere to the Leeds Traffic Light Classification – <http://www.lhp.leedsth.nhs.uk/common/guidelines/detail.aspx?id=55>
Any queries about this please ask the Medicines Optimisation Commissioning Team.

5. Antibiotic Prescribing

Leeds Health Pathways contains the antibiotic prescribing guidance for Leeds. Please save the following on your desk top so that you can refer to this when prescribing antibiotics.

<http://www.lhp.leedsth.nhs.uk/antimicrobials/PCsystem.aspx>

6. Incident Reporting

Incidents should be reported using Datix – <https://leedswestccg.datix.thirdparty.nhs.uk/Live/index.php>

7. You may have a practice pharmacist or pharmacy technician who works with the practice on various tasks including prescribing audits/reviews, educational messages for prescribers and cost-saving switches. The practice Prescribing Lead should also feedback from the Prescribing Leads meetings.

Setting Up Independent Non-Medical Prescribers On Clinical Systems

SystemOne

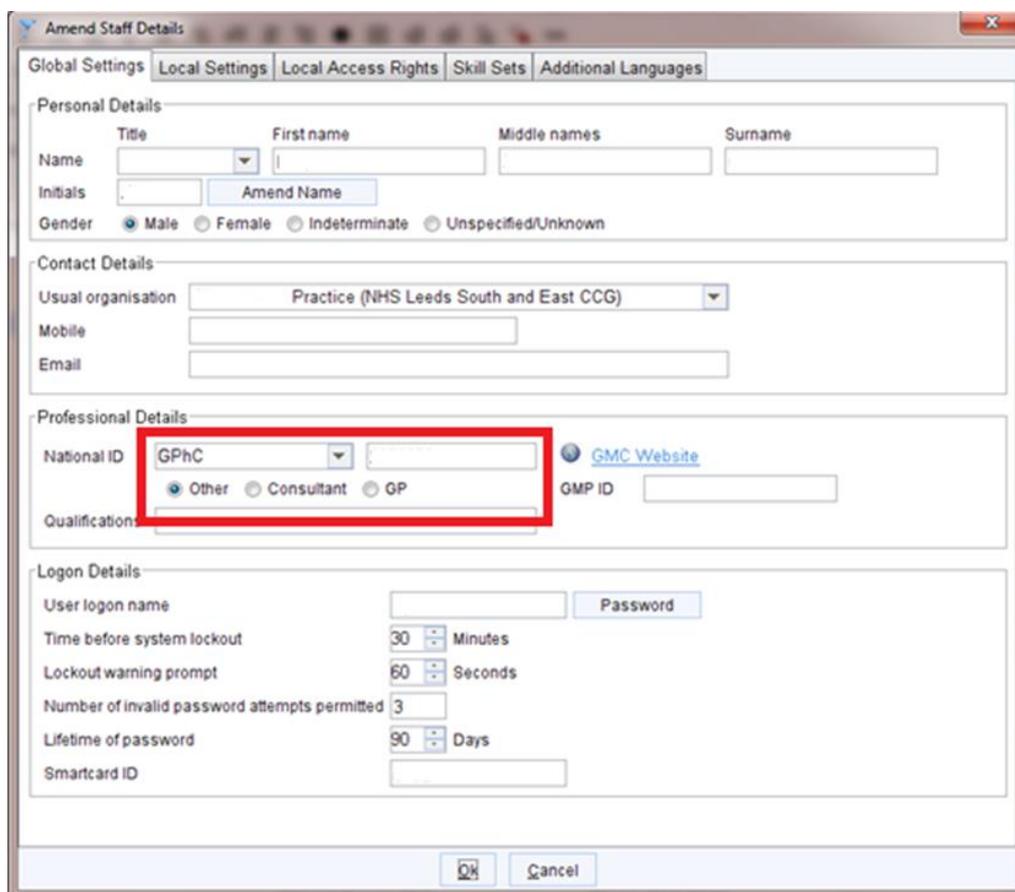
Pharmacist Prescribers

Pharmacist prescribers require a smartcard profile based on the RBAC role R1290 - Pharmacist. Note that even though this contains the same RBAC activity codes as other profiles pharmacists may be using, SystemOne will not recognise pharmacist prescribers unless the whole smartcard profile is set to R1290 – Pharmacist (other RBAC activities may need to be added to the overall R1290 profile, depending on individual practice needs). To check whether the profile is based on the correct role open the smartcard portal (Care Identity Service), click the Positions tab and click the link for the relevant profile. The RBAC role will be displayed under the Access Profile Details heading

[Access Profile Details](#)

ID	Role	Role name	Org code	Last modified
 100000398924	R1290	Pharmacist	B86066	20-Jan-2017

The pharmacist's staff details on SystemOne organisational settings will need to be amended to add their GPhC number:



The screenshot shows the 'Amend Staff Details' window with the following details:

- Personal Details:** Name, Title, First name, Middle names, Surname, Initials, Gender (Male selected).
- Contact Details:** Usual organisation (Practice (NHS Leeds South and East CCG)), Mobile, Email.
- Professional Details:** National ID (GPhC selected, highlighted with a red box), Qualification (Other selected), GMC Website, GMP ID.
- Logon Details:** User logon name, Password, Time before system lockout (30 Minutes), Lockout warning prompt (60 Seconds), Number of invalid password attempts permitted (3), Lifetime of password (90 Days), Smartcard ID.

Nurse Prescribers

Nurse prescribers can use a profile based on a Nurse Access role (e.g. R8001) on their smartcard, which may need the RBAC activity for their prescriber type adding – B0420 for Independent Prescribing. On logging on to SystemOne for the first time with this role, nurses will be asked to input their NMC number.

All other independent prescribers will need to use a GP partner's PPA ID, which can be set within the SystemOne user profile:

The screenshot shows the 'Amend Staff Details' window with the 'Local Settings' tab selected. The 'Employment Details' section includes fields for 'Employment role' (set to 'Pharmacist'), 'Telephone no. / ext.', 'Pager number', 'Employment start date' (24 Jun 2014), 'GP local codes', and 'PPA ID'. The 'Using PPA ID' field is highlighted with a red box, showing a dropdown menu with 'from Dr' and 'Set' and 'Clear' buttons. The 'Using GMC Number' field also has 'Set' and 'Clear' buttons. The 'Activation' section has a checked box for 'Logon at this organisation is enabled' and a field for 'Automatically disable this logon if not used for' (56 hours). The 'Reset Timer' button is visible. The 'OK' and 'Cancel' buttons are at the bottom.

EMIS Web

To prescribe medication, you need to configure prescriber options in Organisation Configuration for all prescriber types (independent, supplementary and nurse prescribers). You can configure the Medication module settings, such as medication review codes and printing options, in Medication Configuration.

Prescribing users

Smartcards need to be configured with the correct RBAC activity for the selected prescriber type - B0420 for Independent Prescribing. The appropriate option (e.g. Independent Prescribing) should also be selected in the Authorise Prescriptions field in the Role section of the Add User or Edit User screen.

For example, if you are an independent prescriber and have Independent Prescribing selected in the Authorise Prescriptions field, then RBAC activity B0420 Independent Prescribing needs to be added to your smartcard before you can prescribe.

Configure a prescriber

1. Access Users.
2. Select the required user, and then on the ribbon, click **Edit User**.
3. In the left-hand pane of the Edit User screen, click **Role** to display the user's role settings in the right-hand pane.
4. Check that the user has the appropriate job category.
5. Click the **Authorise Prescriptions** field and select the required prescriber type.
6. Click the **Stamp User Choice** field and select one of the following:
 - "Own" – to use their own prescribing number (e.g. GPhC/NMC number)
 - "Senior partner" to use the senior partner's PPA ID
 - "Specify user..." if Senior partner isn't available to select a GP partner
7. In the Relationship field, select the required option.

For prescribers not directly employed by the practice select "Associated". Note that independent prescribers prescribing under your practice will use the practice cost code and as such prescribing costs will fall to the individual practice.

8. In the Professional Numbers section, type the user's appropriate professional number(s).
The user should know their professional numbers.
If you do not complete this information in full, the user will not be able to prescribe.
9. In the left-hand pane, click **User Role Profiles** to display the user's role profile settings in the right-hand pane.
10. If the user's smartcard has *not* yet been synchronised:
 - Click the **RBAC Role** field and select the appropriate local profile.
 - In the Prescribing Role field, select **Yes**.
If the user's smartcard has been synchronised, the RBAC Role field is greyed out and the Prescribing Role option is not displayed. For the user to be able to prescribe, the appropriate RBAC activity (i.e. their prescriber type) must be added to their smartcard by your RA team.
11. Click **OK**.

Appendix 3 Leeds CCG Notification of Non-Medical Prescriber Leaving

Notification of Non-Medical Prescriber Leaving

Section A: Prescriber details		
1	First Name	Surname
2	Professional Registration Number	
4	Title (Mr/Mrs/Miss/Ms/Sister)	
5	Date of birth	
6	Contact details	Email:- Phone:-
7	Qualification (independent, supplementary, community practice nurse prescriber)	
8	Therapeutic areas of practice E.g.:- asthma, wound care	
12	Effective leave date	
Section B: Base details		
1	Name, address,& contact number of base	
2	GP practice code e.g. Bxxxxx	

Please complete and scan back (or send) to: Medicines Optimisation Team – Commissioning
leedsccg.medsoptcommissioningteam@nhs.net

Updated: Sarah Towriss – Medicines Commissioning Project Support Administrator 12.11. 2018

Appendix 4 –Setting up NMP on clinical systems

For enquiries, please contact the Medicines Optimisation Team-Commissioning
Email: leedscg.medsoptcommissioningteam@nhs.net

Setting Up Independent Non-Medical Prescribers On Clinical Systems

SystemOne

Pharmacist Prescribers

Pharmacist prescribers require a smartcard profile based on the RBAC role R1290 - Pharmacist. Note that even though this contains the same RBAC activity codes as other profiles pharmacists may be using, SystemOne will not recognise pharmacist prescribers unless the whole smartcard profile is set to R1290 – Pharmacist (other RBAC activities may need to be added to the overall R1290 profile, depending on individual practice needs). To check whether the profile is based on the correct role open the smartcard portal (Care Identity Service), click the Positions tab and click the link for the relevant profile. The RBAC role will be displayed under the Access Profile Details heading

[Access Profile Details](#)

ID	Role	Role name	Org code	Last modified
 100000398924	R1290	Pharmacist	B86066	20-Jan-2017

The pharmacist's staff details on SystemOne organisational settings will need to be amended to add their GPhC number:

The screenshot shows the 'Amend Staff Details' window with the following sections:

- Global Settings:** Local Settings, Local Access Rights, Skill Sets, Additional Languages.
- Personal Details:** Name (Title, First name, Middle names, Surname), Initials, Gender (Male, Female, Indeterminate, Unspecified/Unknown).
- Contact Details:** Usual organisation (Practice (NHS Leeds South and East CCG)), Mobile, Email.
- Professional Details:** National ID (GPhC, Other, Consultant, GP), GMC Website, GMP ID, Qualification.
- Logon Details:** User logon name, Password, Time before system lockout (30 Minutes), Lockout warning prompt (60 Seconds), Number of invalid password attempts permitted (3), Lifetime of password (90 Days), Smartcard ID.

Buttons: OK, Cancel.

Nurse Prescribers

Nurse prescribers can use a profile based on a Nurse Access role (e.g. R8001) on their smartcard, which may need the RBAC activity for their prescriber type adding – B0420 for Independent Prescribing. On logging on to SystemOne for the first time with this role, nurses will be asked to input their NMC number.

All other independent prescribers will need to use a GP partner's PPA ID, which can be set within the SystemOne user profile:

Amend Staff Details

Global Settings Local Settings Local Access Rights Skill Sets Additional Languages

Employment Details

Employment role

Telephone no. / ext.

Pager number

Employment start date 24 Jun 2014

GP local codes

PPA ID

Using PPA ID from Dr

Using GMC Number

Preferred appointment duration 10 Minutes

Start/end location

Activation

Logon at this organisation is enabled

Automatically disable this logon if not used for 56 hours (this number can be changed via preferences)

This logon will not be disabled automatically

EMIS Web

To prescribe medication, you need to configure prescriber options in Organisation Configuration for all prescriber types (independent, supplementary and nurse prescribers). You can configure the Medication module settings, such as medication review codes and printing options, in Medication Configuration.

Prescribing users

Smartcards need to be configured with the correct RBAC activity for the selected prescriber type - B0420 for Independent Prescribing. The appropriate option (e.g. Independent Prescribing) should also be selected in the Authorise Prescriptions field in the Role section of the Add User or Edit User screen.

For example, if you are an independent prescriber and have Independent Prescribing selected in the Authorise Prescriptions field, then RBAC activity B0420 Independent Prescribing needs to be added to your smartcard before you can prescribe.

Configure a prescriber

2. Access Users.

12. Select the required user, and then on the ribbon, click **Edit User**.
13. In the left-hand pane of the Edit User screen, click **Role** to display the user's role settings in the right-hand pane.
14. Check that the user has the appropriate job category.
15. Click the **Authorise Prescriptions** field and select the required prescriber type.
16. Click the **Stamp User Choice** field and select one of the following:
 - "Own" – to use their own prescribing number (e.g. GPhC/NMC number)
 - "Senior partner" to use the senior partner's PPA ID
 - "Specify user..." if Senior partner isn't available to select a GP partner
17. In the Relationship field, select the required option.

For prescribers not directly employed by the practice select "Associated". Note that independent prescribers prescribing under your practice will use the practice cost code and as such prescribing costs will fall to the individual practice.

18. In the Professional Numbers section, type the user's appropriate professional number(s).

The user should know their professional numbers.

If you do not complete this information in full, the user will not be able to prescribe.

19. In the left-hand pane, click **User Role Profiles** to display the user's role profile settings in the right-hand pane.
20. If the user's smartcard has *not* yet been synchronised:
 - Click the **RBAC Role** field and select the appropriate local profile.
 - In the Prescribing Role field, select **Yes**.

If the user's smartcard has been synchronised, the RBAC Role field is greyed out and the Prescribing Role option is not displayed. For the user to be able to prescribe, the appropriate RBAC activity (i.e. their prescriber type) must be added to their smartcard by your RA team.
21. Click **OK**.

PRESCRIBING COMPETENCY FRAMEWORK

THE CONSULTATION (COMPETENCIES 1-6)

Competency 1: ASSESS THE PATIENT

Indicator	Notes
1.1 Takes an appropriate medical, social and medication history, including allergies and intolerances.	
1.2 Undertakes an appropriate clinical assessment.	
1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.	
1.4 Requests and interprets relevant investigations necessary to inform treatment options.	
1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities	
1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.	
1.7 Reviews adherence to and effectiveness of current medicines.	
1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.	

Competency 2: CONSIDER THE OPTIONS

Indicator	Notes
2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.	
2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).	
2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.	
2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).	
2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.	
2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.	
2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.	
2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.	
2.9 Takes into account the wider perspective including the	

public health issues related to medicines and their use and promoting health.	
2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.	

Competency 3: REACH A SHARED DECISION

Indicator	Notes
3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.	
3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.	
3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.	
3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.	
3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.	
3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.	

Competency 4: PRESCRIBE

Indicator	Notes
4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects.	
4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.	
4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).	
4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.	
4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.	
4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.	

4.7 Considers the potential for misuse of medicines.	
4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).	
4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.	
4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).	
4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.	
4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.	
4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.	

Competency 5: PROVIDE INFORMATION

Indicator	Notes
5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.	
5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).	
5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.	
5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.	
5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.	

Competency 6: MONITOR AND REVIEW

Indicator	Notes
6.1 Establishes and maintains a plan for reviewing the patient's treatment.	
6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.	
6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.	
6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.	

PRESCRIBING GOVERNANCE

Competency 7: PRESCRIBE SAFELY

Indicator	Notes
7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.	
7.2 Knows about common types and causes of medication errors and how to prevent, avoid and detect them.	
7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.	
7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).	
7.5 Keeps up to date with emerging safety concerns related to prescribing.	
7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.	

Competency 8: PRESCRIBE PROFESSIONALLY

Indicator	Notes
8.1 Ensures confidence and competence to prescribe are maintained.	
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.	

8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).	
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.	
8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).	
8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.	

Competency 9: IMPROVE PRESCRIBING PRACTICE

Indicator	Notes
9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.	
9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.	
9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).	

Competency 10: PRESCRIBE AS PART OF A TEAM

Indicator	Notes
10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.	
10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.	
10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.	
10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.	

Appendix 6 Non-Medical Prescriber Registration – Flow Chart

Practitioner gains agreement with employer to undertake NMP course and identifies a Designated Medical Practitioner

Practitioner secures place on accredited NMP course. NHS funding applied for via the university (if not self-funding) and approved by CCG NMP Lead

New NMP employed by a GP practice or Cost Centre

Practice or Service manager contacts leedscg.medsoptcommissioningteam@nhs.net for form: *Leeds CCG Notification of Non-Medical Prescriber New Starter / Amendment*

Form completed, including declaration from NMP and Lead GP / GP mentor

Form returned to: lsecg.medsoptcommissioningteam@nhs.net

Leeds CCG MOT Commissioning Team confirms details and check professional qualifications

CCG Authorised Signatory completes NHSBSA form: *Non-Medical Prescriber Joining GP Practice or Cost Centre*, and forwards to NHSBSA

CCG Authorised signatory informs service manager that forms have been sent

CCG NMP Policy and introductory information letter sent to new NMP via email

NHSBSA Authorise new NMP. No confirmation is sent to CCG or practice. Authorisation normally completed within 3 working days.

NMPs prescribing data becomes available on EPACT2

NMP and Lead GP / mentor meet on a regular basis (min 12 monthly) to review competencies and CPD portfolio and discuss any issues. A record of these meetings should be retained in the practice for assurance purposes.