



Greater Manchester
Integrated Care

Greater Manchester Non-Medical Prescribing Best Practice Guide

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Greater Manchester Non-Medical Prescribing Best Practice Guide

Version Number [1.2]

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GM NMP Leads Group	Approved	15/6/23, 25/7/23
GM Workforce Group	Approved	20/9/23
GMMMGM	Approved	February 24
GM CEG	Approved	March 24

CHANGE CONTROL		
This section outlines changes from version 1.0 to version 1.2 of this guide		
	Summary and description of change	Date
1.	Amendments made to section 2.2, 6.1, 6.2 based on feedback from GMMMGM consultation	23/11/23
2.	Amendments made to section 4.0 and 7.0 following feedback at GMMMGM in January	15/2/24
3.		

1. Purpose

1.1. This document is intended to detail the essential governance standards that NHS GM expect providers to have in place with regards to non-medical prescribing (NMP).

2. Background

2.1. NMP is an essential part of the workforce within NHS Greater Manchester to ensure that patients have timely access to treatment, maximising the skill mix of the workforce, and developing autonomous professionals.

2.2. All practising non-medical prescribers are included in the scope of this document inclusive of all professionals and all NMP qualifications.

2.3. It is recognised that there is a complexity of employment/contractual statuses of NMPs within GM. NHS GM's view, in line with CQC, is that the responsibility for the governance of NMP lies with the organisation for which the NMP is providing services at that time, *regardless of employment status ie direct employed, contracted, agency, working through a commissioned service, locum.*

2.4. NHS GM does not mandate activities of providers or NMPs, but locality or organisation NMP Leads can provide advice and guidance to individual prescribers and their employing organisations if needed.

3. Audience

3.1. All organisations (NHS, voluntary, private, etc.) employing or contracting non-medical prescribers who actively prescribe for the population of Greater Manchester, when delivering NHS services including:

- GP practices
- Primary Care Networks
- GP federations
- Out of hours providers
- Community pharmacies
- Optometrists
- NHS Trusts
- Hospices
- Private healthcare providers providing NHS care
- Third party/agency providers
- Mental Health Trusts
- Dentists
- North West Ambulance Service
- Occupational Health Services

3.2. Where the term "organisation" is used throughout this document, it is in reference to those organisations delivering NHS Services.

3.3. Where an organisation is using an agency or other service; there should be explicit agreement on which organisation is responsible for the accountabilities and responsibilities outlined in this document prior to the service being provided.

4. Governance of NMP

4.1. Organisations employing or contracting non-medical prescribers should have a nominated non-medical prescribing lead or responsible person who ensures the organisation is compliant with the legal and regulatory processes related to NMP.

4.2. Organisations must have systems in place to ensure that all NMPs are registered with the appropriate professional regulator, have a valid prescribing qualification, AND are annotated as a prescriber on their professional register at the point of first prescribing within an organisation AND periodically thereafter.

4.3. Organisations must be able to assure themselves that NMPs work to the RPS 'Competency Framework for All Prescribers' and do not prescribe outside their competency and legislation.

4.4. Organisations must be able to assure themselves that NMPs are competent, supported and provided with appropriate training for the role, regardless of employment status.

4.5. Non-medical prescribers, organisations NMPs are providing services for, and employing organisations must facilitate access to appropriate supervision and ensure access to an appropriate clinician to provide day-to-day clinical support of NMPs.

4.6. Organisations should ensure that non-medical prescribing is specified in the job description where it is applicable to the role.

4.7. Organisations must be able to assure themselves that NMPs have adequate professional indemnity for the role that they are undertaking, including prescribing. Note, occupational health services may sometimes require additional indemnity.

4.8. Organisations should have systems and processes in place to provide assurance that NMPs are prescribing within their scope of practice.

4.9. Organisations must have systems or processes to assess, monitor and mitigate risks relating to the health, safety and welfare of patients, such as freedom to speak up policy, Datix reporting.

4.10. Organisations must have systems or processes in place to raise concerns, including local processes/investigations, and when to escalate to

professional bodies. If an organisation has concerns relating the practice of an NMP, they should raise this with the NMP Lead for their locality or organisation.

5. Development of NMP

- 5.1. Organisations should consider how they can utilise NMP to support service provision.
- 5.2. Training opportunities to become an NMP should be discussed as part of appraisals and/or development reviews for relevant staff.
- 5.3. Organisations should have a process to deal with enquiries for non-medical prescribing training. Organisations should only put people forward to become a prescriber who will have the appropriate support to undertake the qualification and utilise prescribing in their NHS role once qualified.
- 5.4. Organisations should ensure that they can support and/or signpost NMPs to regain their competence having had a break from prescribing or when expanding their scope of competence.
- 5.5. Organisations should consider how to support NMPs to become Designated Prescribing Practitioners (DPPs)

6. Practical considerations

- 6.1. Organisations must be aware of how to correctly configure smartcards, IT systems and clinical systems to ensure all prescriptions are legally valid and assigned to the correct cost centre. Locality or Organisational NMP or Governance Leads can provide guidance on this.
- 6.2. NMPs are accountable for their prescribing; and clinical systems must be set up to identify who is prescribing. Prescriptions should state the profession of the NMP. NMPs should prescribe using their own prescriber code.
- 6.3. Organisations must notify Authorised Signatories (normally the Locality NMP Lead) of any new or leaving NMPs, or any change of details, to ensure they are correctly assigned to prescribing budgets / cost centre codes.
- 6.4. Organisations should have systems in place to audit NMPs prescribing to ensure they are prescribing legally and within their area of competency. CQC will hold organisations for whom NMPs are providing a service responsible and accountable for the prescribing of their NMPs. For example, if an NMP is provided by a locum agency, the organisation for whom the locum provides the service is responsible and accountable for their prescribing whilst the locum is providing NHS services for them.

7. Responsibilities of the Non-Medical Prescriber

- 7.1. NMPs should prescribe in line with the RPS Competency Framework for All Prescribers, within their scope of practice and competency.
- 7.2. NMPs should ensure their organisation is operating in line with the guidance within this document. Where concerns arise, this should be raised via the organisation's governance or whistle blowing policies and procedures. Advice can be sought from the organisational, or locality NMP Lead where appropriate.
- 7.3. Active NMPs should include prescribing as part of their professional revalidation process.
- 7.4. NMPs should audit their prescribing periodically to ensure they are prescribing within their scope of practice and level of competency.
- 7.5. NMPs should notify the authorised signatory when they are joining or leaving an organisation.
- 7.6. NMPs should ensure that non-medical prescribing is specified in their job description where it is applicable to the role.
- 7.7. NMPs should have evidence to demonstrate they are prescribing within their scope of practice.
- 7.8. NMPs should only prescribe at the request of others where it is within their scope of practice and covered by indemnity arrangements e.g., signing repeat prescriptions.
- 7.9. NMPs should ensure appropriate systems are in place to monitor high risk medicines they prescribe eg Controlled Drugs, Amber drugs
- 7.10. NMPs should work towards becoming a Designated Prescribing Practitioner to support the development of other prescribers in the workforce.

8. Signposting

[NHS England](#)
[Health & Education Co-operative](#)

Other resources include:

- [A Competency Framework for All Prescribers 2021: Royal Pharmaceutical Society](#)
- [Human Medicines Regulations 2012: Department of Health](#)
- [NHS Resolutions Clinical Negligence Schemes](#)
- [Practical Guide for Independent Prescribers: Royal Pharmaceutical Society](#)
- [Non-Medical Prescribers: Royal College of Nursing](#)
- [Standards for Prescribers 2013: Health & Care Professions Council](#)

- [Guidance for Physiotherapist Supplementary and/or Independent Prescribers in the Safe Use of Medicines \(4th edition\) 2018: Chartered Society of Physiotherapy Practice](#)
- [Medicines and independent prescribing: College of Paramedics](#)
- [Expanding Prescribing Scope of Practice](#)