

Bitesize Education and Training Session 2

Difference between supplementary and independent prescribing – what you need to know?

16th January 2024



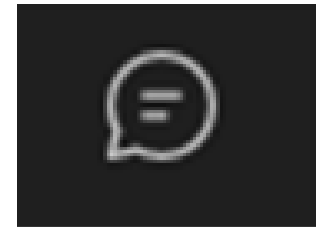
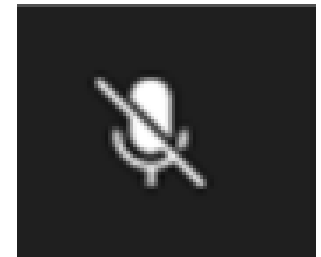
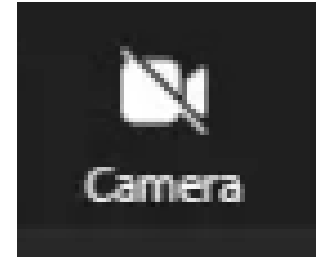
Speakers:

- **Jatinder Saimbi:** Senior Medicines Optimisation Pharmacist, Lancashire and South Cumbria ICB
- **Nicola Baxter:** Head of Medicines Optimisation (West Lancashire), Lead for Medicines Governance and Safety and Lead for Non-medical prescribing

Welcome & Housekeeping

Thank you for joining us today!

- ✓ The session is for 30-minutes (20-minute presentation and 10-minute Q&A session).
- ✓ Please switch off your cameras and put yourselves on mute.
- ✓ Please use the chat function if you want to ask a question or for comments.
- ✓ Please respect others' views and opinions. (We have prescribers from across the system on the call – primary, secondary care and community).
- ✓ Please use the chat function to network with your peers and share ideas.
- ✓ At the end of the session there is a short feedback questionnaire – the link to access this will be put into the chat.



Please note the 20-minute presentation will be recorded, and the slides and the recording will be uploaded to the LSC Training Hub website for you to download.

How things have changed



**Cumberledge Report
1986 led to the
introduction in 1992
Medicines Act of
limited nurse
prescribing**

**2002 Supplementary
Prescribing**

**2006
Independent
Prescribing**

Non-medical prescribing

- Prescribing undertaken by clinicians other than doctors or dentists.
- There is considerable evidence that prescribing by non-medical prescribers has a strong safety record and provides significant advantages to patients and the NHS.

Some of the benefits of non-medical prescribing

- ✓ Non-medical prescribing has been found to deliver similar levels of care as provided by GPs and generate a high satisfaction rating from patients.
- ✓ Non-medical prescribing is viewed positively by other healthcare professionals.
- ✓ Non-medical prescribing is becoming a well-integrated and established means of managing conditions and providing access to medicines.

Independent Prescribing

Supplementary Prescribing

Independent Prescribing

Community Nurse Practitioners (V100 / V150)

- A distinct group under independent prescribers.
- Consist of district nurses, health visitors and school nurses who are allowed to independently prescribe from **a limited formulary called the Nurse Prescriber's Formulary (NPF)** which includes over-the-counter drugs, wound dressings and applications.

Independent Prescribing

Independent (V300)

The prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as for prescribing where necessary and the appropriateness of any prescription, within the **scope of the prescriber's competence**.

Independent prescribers are responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing.

Independent Prescribing

- Nurse and pharmacist independent prescribers:

| Type of Non-Medical Prescriber | Allowable items/scope | Can Controlled Drugs (CDs) Schedule 2-5, including codeine and co-codamol, be Prescribed? | Can Off-Label Medicines be Prescribed? | Can Unlicensed Medicines be Prescribed? |
|--|--|--|--|--|
| Nurse Independent Prescriber (including Midwife Independent Prescriber) | Can prescribe licensed medicines for any medical condition within their competence/scope of practice.* | Yes – any controlled drug (CD) schedule 2,3, 4 or 5, except for cocaine, dipipanone or diamorphine for treating addiction. | Yes (subject to accepted clinical good practice) | Yes (subject to accepted clinical good practice) |
| Pharmacist Independent Prescriber | Licensed medicines for any medical condition within their competence/scope of practice.* | Yes – any CD schedule 2,3, 4 or 5, except for cocaine, dipipanone or diamorphine for treating addiction. | Yes (subject to accepted clinical good practice) | Yes (subject to accepted clinical good practice) |

*NHS prescribers must not prescribe medicines that appear in Part XVIII A (drugs, medicines and other substances that may not be ordered under the NHS) of the drug tariff at NHS expense.

Independent Prescribing

- Optometrist independent prescribers:

| Type of Non-Medical Prescriber | Allowable items/scope | Can Controlled Drugs (CDs) Schedule 2-5, including codeine and co-codamol, be Prescribed? | Can Off-Label Medicines be Prescribed? | Can Unlicensed Medicines be Prescribed? |
|---|--|---|--|---|
| Optometrist Independent Prescriber | Licensed medicines for ocular conditions affecting the eye and surrounding tissue only, within recognised area of expertise and competence/scope of practice. Cannot prescribe parenteral medicines.* | No | Yes (subject to accepted clinical good practice) | No |

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Independent Prescribing

- Physiotherapist and podiatrist independent prescribers:

| Type of Non-Medical Prescriber | Allowable items/scope | Can Controlled Drugs (CDs) Schedule 2-5, including codeine and co-codamol, be Prescribed? | Can Off-Label Medicines be Prescribed? | Can Unlicensed Medicines be Prescribed? |
|--|---|---|--|---|
| Physiotherapist Independent Prescriber | Licensed medicines for any medical condition within their competence/scope of practice and within the overarching framework of human movement, performance and function.* | Limited list. The following CDs for the treatment of organic disease or injury provided that the CD is prescribed to be administered by the specified method: <ul style="list-style-type: none"> • Diazepam, Dihydrocodeine, Lorazepam, Morphine, Oxycodone, Temazepam, by oral administration; • Morphine for injectable administration; and • Fentanyl for transdermal administration. | Yes (subject to accepted clinical good practice) | No |
| Chiropodist / Podiatrist Independent Prescriber | Licensed medicines for any medical condition within their competence/scope of practice and relevant to the treatment of disorders affecting the foot, ankle and associated structures.* | Limited list. The following CDs for the treatment of organic disease or injury provided that the CD is prescribed to be administered by the specified method: <ul style="list-style-type: none"> • Diazepam by oral administration; • Dihydrocodeine by oral administration; • Lorazepam by oral administration; and • Temazepam by oral administration. | Yes (subject to accepted clinical good practice) | No |

*NHS prescribers must not prescribe medicines that appear in Part XVIII A (drugs, medicines and other substances that may not be ordered under the NHS) of the drug tariff at NHS expense.

Independent Prescribing

- Paramedic and Therapeutic Radiographer independent prescribers:

| Type of Non-Medical Prescriber | Allowable items/scope | Can Controlled Drugs (CDs) Schedule 2-5, including codeine and co-codamol, be Prescribed? | Can Off-Label Medicines be Prescribed? | Can Unlicensed Medicines be Prescribed? |
|--|--|--|--|---|
| Therapeutic Radiographer Independent Prescriber | Any licensed medicine, within national and local guidelines, for any medical condition within their competence/scope of practice and the overarching framework of treatment of cancer. | Yes – limited list. The following CDs for the treatment of organic disease or injury provided that the controlled drug is prescribed to be administered by the specified method: <ul style="list-style-type: none"> • Tramadol by oral administration; • Lorazepam by oral administration; • Diazepam by oral administration; • Morphine by oral administration or by injection; • Oxycodone by oral administration; • Codeine by oral administration. | Yes (subject to accepted clinical good practice) | No |
| Paramedic Independent Prescriber | Licensed medicines for any medical condition within their competence/scope of practice.* | Yes – limited list. The following CDs for the treatment of organic disease or injury provided the controlled drug is prescribed to be administered by the specified method: <ul style="list-style-type: none"> • Morphine sulphate by oral administration or by injection; • Diazepam by oral administration or by injection; • Midazolam by oromucosal administration or by injection; • Lorazepam by injection; • Codeine phosphate by oral administration. | Yes (subject to accepted clinical good practice) | No |

*NHS prescribers must not prescribe medicines that appear in Part XVIII A (drugs, medicines and other substances that may not be ordered under the NHS) of the drug tariff at NHS expense.

Supplementary Prescribing

A voluntary partnership between an Independent Medical Prescriber (Doctor or Dentist) and a Supplementary Prescriber to implement an agreed patient specific Clinical Management Plan (CMP), with the patient's agreement.

The initial medical assessment and diagnosis is made by the Independent Medical Prescriber (Doctor or Dentist) and subsequent management and prescribing for the patient is carried out by the Supplementary Prescriber.

Criteria for lawful Supplementary Prescribing

There must be a written or electronic Clinical Management Plan (CMP) relating to a named patient and to the patient's specific condition, and that plan must be agreed by the independent prescriber, the supplementary prescriber and the patient.

Although both parties do not need to sign a CMP, there must be a note in the patient's record that both parties have agreed to the CMP and patient has agreed to be treated via supplementary prescribing.

Supplementary prescribing is not prescribing drugs that has previously been started/prescribed by a GP/doctor.

Particulars of a CMP

A clinical management plan must contain the following particulars:

- (a) the name of the patient to whom the plan relates;
- (b) the illnesses or conditions which may be treated by the supplementary prescriber;
- (c) the date on which the plan is to take effect and when it is to be reviewed by the doctor or dentist who is a party to the plan;
- (d) reference to the class or description of medicinal product which may be prescribed or administered under the plan;
- (e) any restrictions or limitations as to the strength or dose of any product which may be prescribed or administered under the plan, and any period of administration or use of any medicinal product which may be prescribed or administered under the plan;
- (f) relevant warnings about the known sensitivities of the patient to, or known difficulties of the patient with, particular medicinal products;
- (g) the arrangements for notification of—
 - (i) suspected or known adverse reactions to any medicinal product which may be prescribed or administered under the plan, and
 - (ii) suspected or known adverse reactions to any other medicinal product taken at the same time as any medicinal product prescribed or administered under the plan; and
- (h) the circumstances in which the supplementary prescriber should refer to, or seek the advice of, the doctor or dentist who is a party to the plan.

Supplementary Prescribing

| Type of Non-Medical Prescriber | Allowable items/scope | Can Controlled Drugs (CDs) Schedule 2-5, including codeine and co-codamol, be Prescribed? | Can Off-Label Medicines be Prescribed? | Can Unlicensed Medicines be Prescribed? |
|---------------------------------|--|---|--|---|
| Supplementary prescriber | There are no legal restrictions on clinical conditions to be treated under supplementary prescribing, but this must be done as part of an agreed Clinical Management Plan (CMP) and within the prescriber's area of competence.* | Yes – any CD schedule 2, 3, 4 or 5 (except diamorphine, cocaine and dipipanone for the treatment of addiction), providing it is in accordance with the patient's CMP. | Yes, as part of CMP | Yes, as part of CMP |

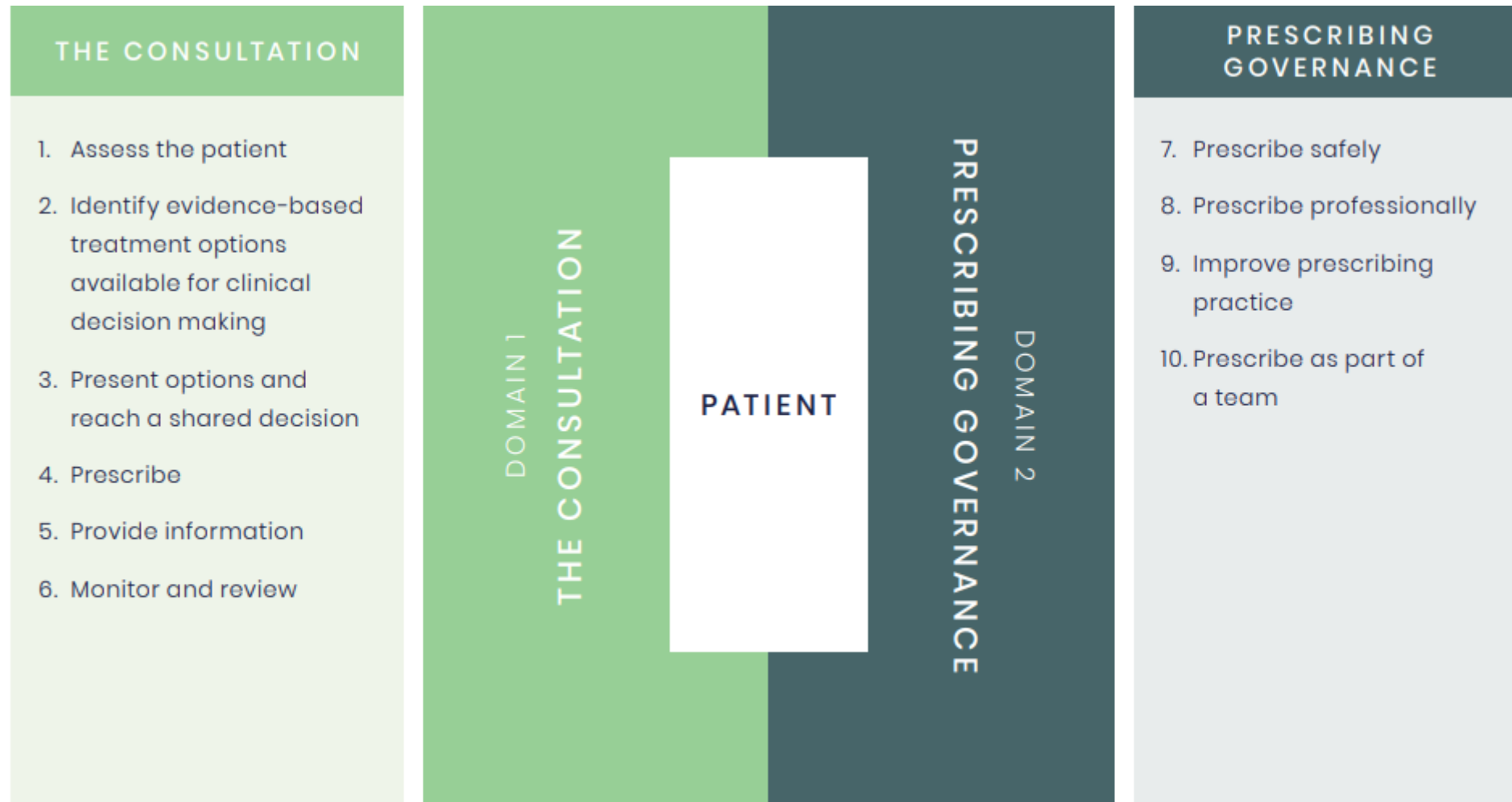
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Find out more about Supplementary Prescribing

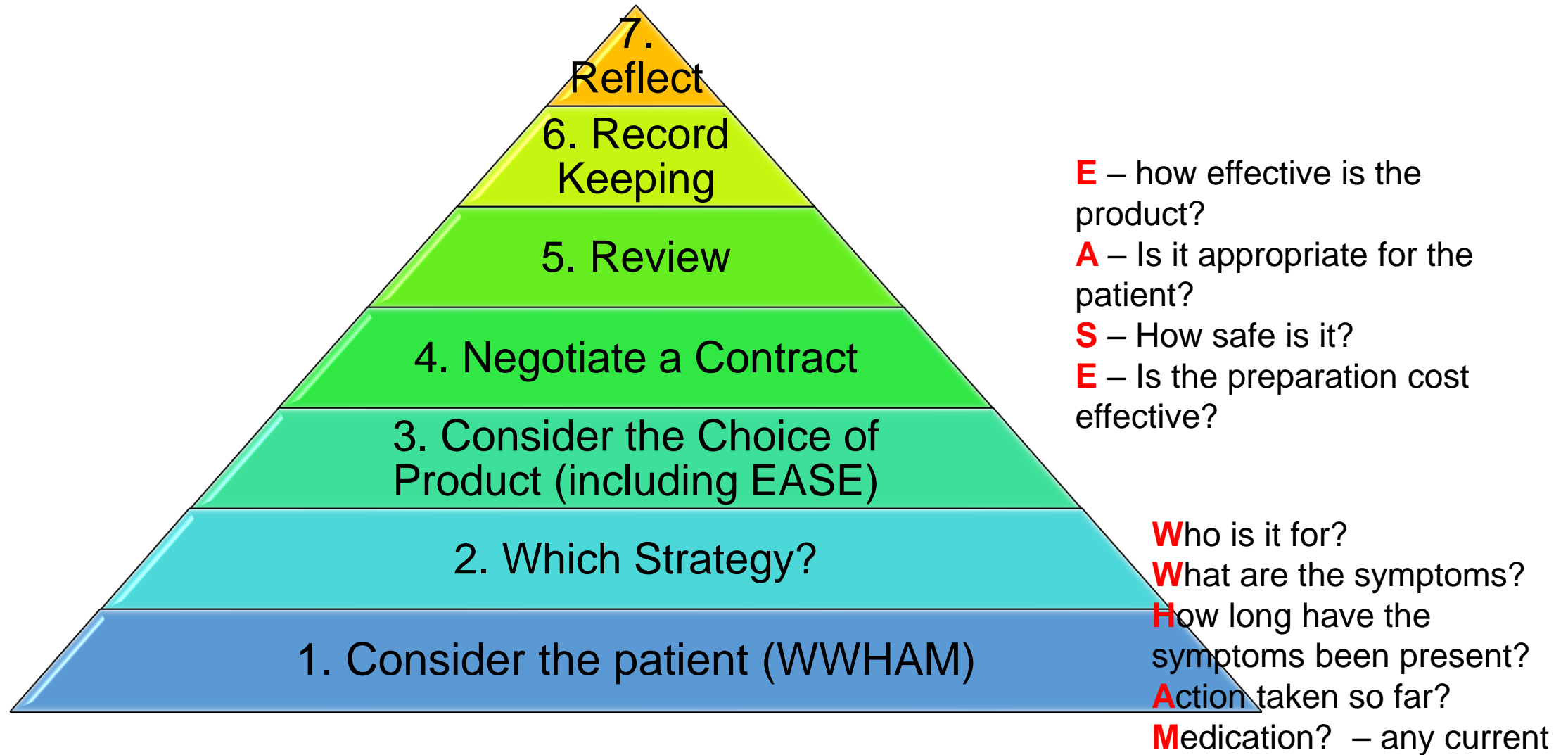
- [\[ARCHIVED CONTENT\] Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: a guide for implementation - updated May 2005 : Department of Health - Publications \(nationalarchives.gov.uk\)](#)

- **Nurses**
 - V100/V150 Community nurse prescribers
 - V300 Independent & supplementary prescribers
- **Pharmacists**
 - Independent & supplementary prescribers
- **Physiotherapists**
 - Independent & supplementary prescribers
- **Podiatrists**
 - Independent & supplementary prescribers
- **Therapeutic Radiographers**
 - Independent & supplementary prescribers
- **Paramedics**
 - Independent & supplementary prescribers
- **Optometrists**
 - Independent & supplementary prescribers
- **Diagnostic Radiographers**
 - Supplementary prescribers
- **Dietician**
 - Supplementary prescribers

A competency framework for all prescribers



Principles of good prescribing (Prescribing Pyramid)



Summary

- The number of professions that can now prescribe has expanded.
- Non-Medical Prescribers may be supplementary prescribers OR supplementary AND independent prescriber's dependent on profession.
- Not all professions can prescribe all controlled drugs.
- ALL prescribers are required to prescribe within the Competency Framework for All Prescribers.

Thank you for listening

Please complete our short feedback questionnaire by clicking on the link that has been put into the chat.

Please note: all feedback will be anonymous



Next session: 19th February 2024

Note: change of day to Monday

Deprescribing of opioids – a case study

Dawn Strong

Specialist Pharmacist SDGH and

Ormskirk PCN Pharmacist

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Question and Answer



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