How to use your Prescribing Data Report: Guidance for Non-Medical Prescribers

Document Control

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Change Control		
This section outlines changes from version X.X to version X.X of this guidance		
Summary and description of change		Date
1.		
2.		
3.		

This guide is designed to support you to understand your prescribing data report, and gives important tips as to how you can use your report to reflect on your prescribing practice and evidence how you are meeting competency nine – Improve Prescribing Practice – of the Royal Pharmaceutical Society (RPS): A Competency Framework for all Prescribers.

Background

As a non-medical prescriber working in General Practice in Lancashire and South Cumbria, you will receive a prescribing data report every quarter via email.

Your prescribing data report has been developed to help you reflect on your prescribing experiences, which is important as this will help you develop your skills as a prescriber.

Although there are many different ways to reflect, the ICB have created a reflective practice template (see Appendix 1) that you can use to write down and evidence your reflection.

Your prescribing data reports will also be sent to your clinical supervisor and practice manager. They will be copied into the email. We have included your clinical supervisor and practice manager for support purposes, so they can help you with your reflection. And remember:

- ✓ Your clinical supervisor(s) are taking on the responsibility of overseeing the clinical work you undertake, for providing feedback, for providing responses where issues arise, and, where necessary, providing training.
- ✓ Your practice manager/employer has consented for you to prescribe as part of your professional duties and employers are held vicariously liable for a non-medical prescriber's actions. So, they should be aware if prescribing is falling outside of your scope of practice and/or competencies, or where additional support/training is needed to support safe practice, or where job descriptions require amendment.

How has your prescribing data report been created?

Your prescribing data report has been developed using data from ePACT2.

ePACT2 data offers a range of uses/benefits, including giving insight into your:

- ✓ Prescribing behaviours.
- ✓ Prescribing costs.
- ✓ Prescribing patterns/trends over time.
- ✓ Prescribing per therapeutic area.

Your data is then cross checked against the most recent set of declared competencies/scope of practice that the ICB hold for you.

Purpose of your prescribing data report

Your prescribing data report has been developed to provide you with a tool to reflect on your prescribing practice/experiences, and should help you to evidence how you are meeting competency nine of the Royal Pharmaceutical Society: A Competency Framework for all Prescribers.

The overall aim of your prescribing data report is to help and support you with:

- ✓ Your personal development & learning, including knowing your local formulary.
- ✓ Changing and improving your prescribing practice. By reflecting on your prescribing data report you can put steps in place to improve the safety and quality of your prescribing practice.
- ✓ Updating your personal formulary.
- ✓ Developing a portfolio of evidence.
- ✓ Increasing your confidence.

Remember - **As a prescriber, you are personally accountable and responsible for your prescribing and clinical decisions**. It's all about patient safety! You're encouraged to use your professional codes of conduct, standards and the competency framework for all prescribers, alongside other relevant guidance to ensure you're prescribing safely and confidently.

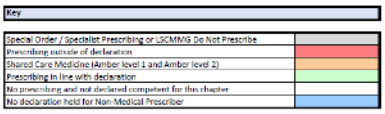
Understanding your prescribing data report

Your prescribing data report highlights the following:

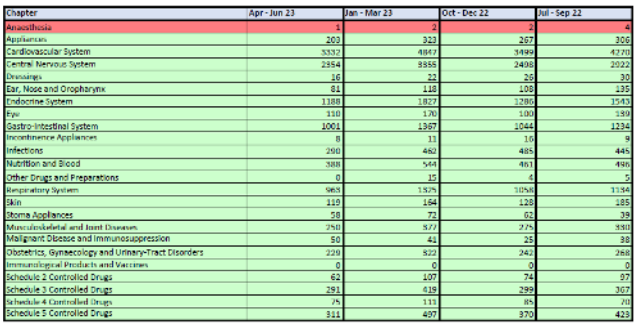
- Prescribing activity that falls outside of your scope of practice/competencies that the ICB hold (based on the most current annual declaration).
- Morphine Equivalent Daily Dose (MEDD/day - assumes monthly prescriptions).
- Specialist Only/RED drug prescribing.
- Prescribing of 'Do Not Prescribe' (BLACK) drugs.
- Prescribing of Special-Order Items – liquids preparations/unlicensed medicines.
- Prescribing of controlled drug (CD) schedule 2, 3, 4 and 5 drugs.
- Prescribing of shared care drugs (Amber level 1 and Amber level 2).

Page 1 of your report:

Page one of your report includes a key and a summary table:



Key	
Special Order / Specialist Prescribing or LSCMMG Do Not Prescribe	
Prescribing outside of declaration	
Shared Care Medicine (Amber level 1 and Amber level 2)	
Prescribing in line with declaration	
No prescribing and not declared competent for this chapter	
No declaration held for Non-Medical Prescriber	



Chapter	Apr - Jun 23	Jan - Mar 23	Oct - Dec 22	Jul - Sep 22
Anaesthesia	3	3	3	4
Appliances	202	323	267	306
Cardiovascular System	5532	4847	3499	4270
Central Nervous System	2354	3858	2408	2022
Dressings	16	22	26	30
Ear, Nose and Oropharynx	81	118	108	135
Endocrine System	1188	1827	1286	1543
Eye	110	170	100	139
Gastro-Intestinal System	1001	1367	1044	1234
Incontinence Appliances	8	13	16	8
Infections	298	482	485	445
Nutrition and Blood	388	544	461	498
Other Drugs and Preparations	0	15	4	5
Respiratory System	983	1325	1058	1134
Skin	119	164	128	185
Stoma Appliances	58	72	62	39
Musculoskeletal and Joint Diseases	258	377	275	330
Malignant Disease and Immunosuppression	50	41	25	38
Obstetrics, Gynaecology and Urinary-Tract Disorders	229	322	242	268
Immunological Products and Vaccines	0	0	0	0
Schedule 2 Controlled Drugs	62	107	74	97
Schedule 3 Controlled Drugs	291	419	299	367
Schedule 4 Controlled Drugs	75	113	85	70
Schedule 5 Controlled Drugs	311	497	370	423

The key gives insight into the meaning of the colours in your report:

- Green would indicate that a prescriber is prescribing in line with the current scope of practice/declared competencies the ICB holds for them.
- Drugs coloured grey in the report will either be:
  - a specialist only/RED traffic light drug or a 'Do Not Prescribe' (BLACK) traffic light drug depending on the clinical indication it was prescribed for,
  - or a special-order item e.g. some liquid preparations are special order items – so an unlicensed medicine.

Note:

RED traffic light drugs: Red medicines are those where primary care prescribing is not recommended. These treatments should be initiated by specialists only and prescribing retained within secondary care. They require specialist knowledge, intensive monitoring, specific dose adjustments or further evaluation in use.
Primary care prescribers may prescribe RED medicines in exceptional circumstances to patients to ensure continuity of supply while arrangements are made to obtain ongoing supplies from secondary care.

'Do Not Prescribe' (BLACK) traffic light drugs: These are medicines that have been reviewed and have been deemed less suitable for prescribing and are therefore **NOT recommended** for prescribing in NHS Lancashire and South Cumbria. This may be due to the lack of good clinical evidence, or due to the availability of more suitable alternatives. GPs and specialists are recommended not to prescribe these drugs. It Includes medicines that NICE has not recommended for use and terminated technology appraisals, unless there is a local need.

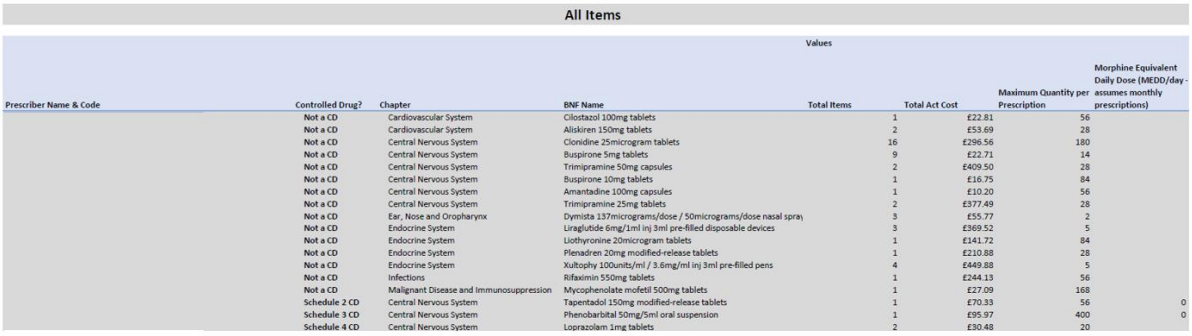
More information about traffic light drugs can be found via the following link: Colour Classification - Lancashire and South Cumbria Medicines Management Group (lancsmmg.nhs.uk).

- Drugs coloured orange/amber in the report are shared care drugs (Amber level 1 and Amber level 2).
- Drugs coloured red in the report indicates a prescriber is prescribing outside of the current scope of practice/declared competencies that the ICB holds for them.
- Drugs coloured blue in the report indicates that the ICB does not hold an annual declaration for a non-medical prescriber.
- Chapters coloured white in the summary table indicate that a prescriber has not prescribed from that chapter in the BNF and has also not declared competency in that area.

The summary table gives a snapshot of your prescribing over the last four quarters across all BNF chapters and prescribing of CD schedule 2, 3, 4 and 5 drugs.

Below the key and the summary table will be a list of all drugs that you have prescribed within the most recent quarter, including quantities, cost and maximum quantity per prescription prescribed. The last column of the table highlights the Morphine Equivalent Daily Dose – this is calculated based on a 30-day supply and assumes monthly prescriptions:

First section of your report:



All Items

				Values			
Prescriber Name & Code	Controlled Drug?	Chapter	BNF Name	Total Items	Total Act Cost	Maximum Quantity per Prescription	Morphine Equivalent Daily Dose (MEDD/day - assumes monthly prescriptions)
	Not a CD	Cardiovascular System	Cilostazol 100mg tablets	1	£22.81	56	
	Not a CD	Cardiovascular System	Aliskiren 150mg tablets	2	£53.69	28	
	Not a CD	Central Nervous System	Clonidine 25microgram tablets	16	£296.56	180	
	Not a CD	Central Nervous System	Buspirone 5mg tablets	9	£22.71	14	
	Not a CD	Central Nervous System	Trimipramine 50mg capsules	2	£409.50	28	
	Not a CD	Central Nervous System	Buspirone 10mg tablets	1	£16.75	84	
	Not a CD	Central Nervous System	Amantadine 100mg capsules	1	£10.20	56	
	Not a CD	Central Nervous System	Trimipramine 25mg tablets	2	£377.49	28	
	Not a CD	Ear, Nose and Oropharynx	Dymista 137micrograms/dose / 50micrograms/dose nasal spray	3	£55.77	2	
	Not a CD	Endocrine System	Liraglutide 6mg/1ml inj 3ml pre-filled disposable devices	3	£369.52	5	
	Not a CD	Endocrine System	Liothyronine 20microgram tablets	1	£141.72	84	
	Not a CD	Endocrine System	Plenadren 20mg modified-release tablets	1	£210.88	28	
	Not a CD	Endocrine System	Xultophy 100units/ml / 3.6mg/ml inj 3ml pre-filled pens	4	£449.88	5	
	Not a CD	Infections	Rifaximin 550mg tablets	1	£244.13	56	
	Not a CD	Malignant Disease and Immunosuppression	Mycophenolate mofetil 500mg tablets	1	£27.09	168	
	Schedule 2 CD	Central Nervous System	Tapentadol 150mg modified-release tablets	1	£70.33	56	0
	Schedule 3 CD	Central Nervous System	Phenobarbital 50mg/5ml oral suspension	1	£95.97	400	0
	Schedule 4 CD	Central Nervous System	Loprazolam 1mg tablets	2	£30.48	20	

The first section of the report highlights any prescribing of:

- Specialist Only/RED drugs.
- LSCMMG 'Do Not Prescribe' (BLACK) drugs.
- Special order items prescribed.

Note: Depending on the clinical indication some drugs can have multiple RAG statuses. Drugs which have at least one indication where the RAG status is either 'Do Not Prescribe' (BLACK) or RED will automatically be flagged as grey on the reports.

The second section of your report highlights any prescribing of CD Schedule 2, 3, 4 and 5 drugs:

Schedule 2 CD	Central Nervous System	Morphine 60mg modified-release tablets	1	£21.47	56	112
Schedule 2 CD	Central Nervous System	Oxycodone 5mg capsules	1	£10.78	56	14
Schedule 2 CD	Central Nervous System	Fencino 100micrograms/hour transdermal patches	2	£146.36	10	240
Schedule 2 CD	Central Nervous System	Oxeltra 10mg modified-release tablets	1	£5.91	56	28
Schedule 2 CD	Central Nervous System	Oxeltra 20mg modified-release tablets	3	£44.44	140	141
Schedule 3 CD	Central Nervous System	Buprenorphine 20micrograms/hour transdermal patches	1	£54.08	4	45
Schedule 3 CD	Central Nervous System	Buprenorphine 52.5micrograms/hour transdermal patches	1	£44.65	8	134
Schedule 3 CD	Central Nervous System	Buprenorphine 70micrograms/hour transdermal patches	1	£52.17	7	157
Schedule 3 CD	Central Nervous System	Gabapentin 100mg capsules	28	£73.29	200	0
Schedule 3 CD	Central Nervous System	Gabapentin 300mg capsules	69	£263.01	336	0
Schedule 3 CD	Central Nervous System	Gabapentin 400mg capsules	7	£29.69	168	0
Schedule 3 CD	Central Nervous System	Gabapentin 600mg tablets	15	£265.69	168	0
Schedule 3 CD	Central Nervous System	Marol 100mg modified-release tablets (Teva)	5	£43.90	112	37
Schedule 3 CD	Central Nervous System	Pregabalin 150mg capsules	11	£32.76	84	0
Schedule 3 CD	Central Nervous System	Pregabalin 225mg capsules	1	£1.03	28	0
Schedule 3 CD	Central Nervous System	Pregabalin 25mg capsules	4	£4.52	56	0
Schedule 3 CD	Central Nervous System	Pregabalin 300mg capsules	20	£55.06	84	0
Schedule 3 CD	Central Nervous System	Pregabalin 50mg capsules	18	£26.07	112	0
Schedule 3 CD	Central Nervous System	Pregabalin 75mg capsules	7	£13.08	56	0
Schedule 3 CD	Central Nervous System	Temazepam 10mg tablets	1	£18.66	21	0
Schedule 3 CD	Central Nervous System	Temazepam 20mg tablets	1	£24.96	28	0
Schedule 3 CD	Central Nervous System	Tramadol 50mg capsules	69	£190.01	224	37
Schedule 3 CD	Central Nervous System	Butec 5micrograms/hour transdermal patches	6	£33.83	4	11
Schedule 3 CD	Central Nervous System	Pregabalin 100mg capsules	5	£9.58	84	0
Schedule 3 CD	Central Nervous System	Pregabalin 200mg capsules	6	£6.38	56	0
Schedule 3 CD	Central Nervous System	Butec 10micrograms/hour transdermal patches	5	£47.06	4	22
Schedule 3 CD	Central Nervous System	Gabapentin 800mg tablets	2	£46.72	100	0
Schedule 3 CD	Central Nervous System	Butec 20micrograms/hour transdermal patches	1	£24.35	4	45
Schedule 3 CD	Central Nervous System	Pregabalin 20mg/ml oral solution sugar free	1	£84.49	473	0
Schedule 3 CD	Central Nervous System	Phenobarbital 30mg tablets	4	£1.35	7	0
Schedule 3 CD	Central Nervous System	Zydol SR 100mg tablets	1	£15.25	56	19
Schedule 4 CD	Central Nervous System	Clonazepam 2mg tablets	9	£65.89	28	
Schedule 4 CD	Central Nervous System	Clonazepam 500microgram tablets	8	£51.74	56	
Schedule 4 CD	Central Nervous System	Diazepam 2mg tablets	4	£4.35	56	
Schedule 4 CD	Central Nervous System	Diazepam 5mg tablets	10	£5.71	84	
Schedule 4 CD	Central Nervous System	Lorazepam 1mg tablets	1	£6.11	112	
Schedule 4 CD	Central Nervous System	Zopiclone 3.75mg tablets	1	£2.25	32	
Schedule 4 CD	Central Nervous System	Zopiclone 7.5mg tablets	16	£16.58	28	
Schedule 4 CD	Central Nervous System	Nitrazepam 5mg tablets	12	£9.26	14	
Schedule 4 CD	Central Nervous System	Clobazam 10mg/5ml oral suspension sugar free	1	£84.48	150	
Schedule 4 CD	Central Nervous System	Lorazepam 2.5mg tablets	6	£4.91	7	
Schedule 4 CD	Central Nervous System	Oxazepam 15mg tablets	1	£8.79	84	
Schedule 4 CD	Endocrine System	Testosterone 2% gel (10mg per actuation)	1	£80.89	180	
Schedule 4 CD	Endocrine System	Testosterone 40.5mg/2.5g gel unit dose sachets	3	£37.35	30	
Schedule 5 CD	Central Nervous System	Co-codamol 15mg/500mg tablets	17	£52.36	224	
Schedule 5 CD	Central Nervous System	Co-codamol 30mg/500mg tablets	173	£840.17	224	

Remember:

- Additional requirements - prescription writing requirements and safe custody requirements - apply to CD schedule 2 and 3 drugs.
- CD schedule 2 and 3 drugs also pose the highest risk for abuse/misuse and diversion.
- There is a risk to patients if correct monitoring and counselling is not given to patients prescribed a CD.
- Some professions currently cannot prescribe CDs by law.

The right-hand column of the report shows the calculated Morphine Equivalent Daily Dose (calculated based on 30-day supply).

The third section of your report highlights prescribing of shared care drugs (Amber level 1 and Amber level 2):

Not a CD	Central Nervous System	Olanzapine 15mg tablets	2	£2.19	28
Not a CD	Central Nervous System	Olanzapine 2.5mg tablets	3	£0.96	7
Not a CD	Central Nervous System	Olanzapine 20mg tablets	3	£4.16	28
Not a CD	Central Nervous System	Olanzapine 5mg tablets	4	£3.29	28
Not a CD	Central Nervous System	Olanzapine 7.5mg tablets	1	£0.99	28
Not a CD	Central Nervous System	Quetiapine 100mg tablets	5	£5.39	60
Not a CD	Central Nervous System	Quetiapine 150mg tablets	10	£6.88	28
Not a CD	Central Nervous System	Quetiapine 200mg tablets	2	£5.40	56
Not a CD	Central Nervous System	Quetiapine 25mg tablets	3	£3.46	84
Not a CD	Central Nervous System	Quetiapine 300mg tablets	3	£9.30	56
Not a CD	Central Nervous System	Risperidone 2mg tablets	7	£8.85	56
Not a CD	Central Nervous System	Risperidone 3mg tablets	2	£3.11	56
Not a CD	Central Nervous System	Risperidone 4mg tablets	9	£7.16	60
Not a CD	Central Nervous System	Risperidone 1mg/ml oral solution sugar free	1	£2.96	100
Not a CD	Central Nervous System	Aripiprazole 10mg tablets	14	£66.61	28
Not a CD	Central Nervous System	Risperidone 1mg tablets	12	£14.40	56
Not a CD	Central Nervous System	Priadel 200mg modified-release tablets	12	£10.79	56
Not a CD	Central Nervous System	Priadel 400mg modified-release tablets	2	£1.35	7
Not a CD	Central Nervous System	Olanzapine 5mg orodispersible tablets	1	£28.23	28
Not a CD	Central Nervous System	Risperidone 250microgram tablets	1	£144.08	56
Not a CD	Central Nervous System	Amisulpride 200mg tablets	7	£74.88	30
Not a CD	Central Nervous System	Olanzapine 10mg oral lyophilisates sugar free	1	£20.67	7
Not a CD	Central Nervous System	Amisulpride 100mg tablets	3	£17.71	28
Not a CD	Central Nervous System	Sondate XL 300mg tablets	6	£59.98	14
Not a CD	Gastro-intestinal System	Sulfasalazine 500mg gastro-resistant tablets	6	£423.39	168
Not a CD	Gastro-intestinal System	Sulfasalazine 500mg tablets	2	£69.58	112
Not a CD	Malignant Disease and Immunosuppression	Azathioprine 25mg tablets	3	£4.07	28
Not a CD	Malignant Disease and Immunosuppression	Azathioprine 50mg tablets	4	£6.25	56
Not a CD	Musculoskeletal and Joint Diseases	Methotrexate 2.5mg tablets	7	£12.42	40

The rest of your prescribing data report highlights prescribing by BNF chapter:

Not a CD	Appliances	Sodium chloride 0.9% irrigation solution 20ml Clinipod unit dose	1	£4.15	25
Not a CD	Appliances	Conveen EasiCath catheter female 8Ch-16Ch	1	£126.79	100
Not a CD	Appliances	HydroSil Silicone Hydrophilic Personal catheter male 10Ch-18Ch	2	£312.78	120
Not a CD	Appliances	Qufora IrriSedo Cone System 15 irrigation set	3	£610.60	2
Not a CD	Appliances	Evolve HA 0.2% eye drops preservative free	8	£45.21	10
Not a CD	Appliances	AproDerm gel	3	£16.91	500
Not a CD	Appliances	Insupen hypodermic insulin needles for pre-filled / reusable pen	1	£5.61	100
Not a CD	Appliances	TriCare hypodermic insulin needles for pre-filled / reusable pen	9	£38.23	200
Not a CD	Appliances	Mediven harmony class 2 (23-32mmHg) glove	1	£44.47	1
Not a CD	Appliances	TriCare hypodermic insulin needles for pre-filled / reusable pen	3	£11.47	100
Not a CD	Cardiovascular System	Amiodarone 200mg tablets	2	£4.60	56
Not a CD	Cardiovascular System	Amlodipine 10mg tablets	133	£90.61	56
Not a CD	Cardiovascular System	Amlodipine 5mg tablets	138	£89.86	84
Not a CD	Cardiovascular System	Apixaban 2.5mg tablets	27	£1,289.83	112
Not a CD	Cardiovascular System	Apixaban 5mg tablets	41	£1,654.35	112
Not a CD	Cardiovascular System	Aspirin 75mg dispersible tablets	142	£120.23	100
Not a CD	Cardiovascular System	Aspirin 75mg gastro-resistant tablets	55	£46.19	56
Not a CD	Cardiovascular System	Aspirin 75mg tablets	48	£30.76	56
Not a CD	Cardiovascular System	Atenolol 100mg tablets	6	£6.97	28
Not a CD	Cardiovascular System	Atenolol 25mg tablets	11	£11.63	28
Not a CD	Cardiovascular System	Atenolol 50mg tablets	24	£25.20	28
Not a CD	Cardiovascular System	Atorvastatin 10mg tablets	32	£23.32	56
Not a CD	Cardiovascular System	Atorvastatin 20mg tablets	256	£314.54	84
Not a CD	Cardiovascular System	Atorvastatin 40mg tablets	145	£152.27	84
Not a CD	Cardiovascular System	Atorvastatin 80mg tablets	129	£153.40	56
Not a CD	Cardiovascular System	Bendroflumethiazide 2.5mg tablets	69	£52.25	84
Not a CD	Cardiovascular System	Bisoprolol 1.25mg tablets	44	£26.63	56
Not a CD	Cardiovascular System	Bisoprolol 10mg tablets	42	£29.01	56
Not a CD	Cardiovascular System	Bisoprolol 2.5mg tablets	85	£76.84	84
Not a CD	Cardiovascular System	Bisoprolol 3.75mg tablets	14	£14.10	56
Not a CD	Cardiovascular System	Bisoprolol 5mg tablets	71	£47.41	112

How to use your prescribing data reports

There are two main ways to use your prescribing data reports:

1. As part of your reflective practice.
2. As part of peer discussions.

1. <u>Reflective practice</u>

The reports are a tool that can allow you to reflect on your prescribing practice.

As a non-medical prescriber you are required to reflect on your prescribing practice, this is emphasised in the RPS – A Competency Framework for all Prescribers.

The reports can also be used to celebrate successes and to boost confidence where reports highlight prescribing in line with scope of practice.

When reflecting on your prescribing practice/experiences it's important to consider both the positive and negative experiences and reflect on what has gone well and what didn't go so well. This will help you learn from your mistakes as well as your successes. Furthermore, it will ensure you identify any gaps in your learning and professional development needs.

Remember, your reflection is personal to you, and it is important to reflect on both positive and negative experiences so you can develop as a professional.

There are several stages to reflection:

a. **Describe the what, where and who –** look at your prescribing data and if you have, for example, prescribed a 'Do Not Prescribe' (BLACK) drug or a RED drug look back and recapture the event – What happened? Who requested the drug to be prescribed? What is your documentation like? Did you know it was a 'Do Not Prescribe' (BLACK) or RED drug? Where were you at the time and who else was involved?

b. The next stage is to **describe why things happened as they did –** so, consider intended and unintended consequences of the situation/area of practice – this assists with cause and effect – the 'why' aspect of practice or 'so what?'

c. The third stage to reflection is to ask: **Could you have done anything differently?** So, in hindsight:
   - How would you have managed the situation/area of practice differently?
   - Is there anything you could have tried that may have improved the situation or lead to a different outcome?
   - Or was there anything you did that was particularly important in the situation? It's easy to remember the things that you didn't do, and it's often the things that you did do well that are not remembered.

d. The final stage is to ask: **What will you do differently in the future – how will this change your practice?**
   This is probably the most important stage in reflecting. In this stage you should:
   - List everything you have thought of to learn and improve your practice for the benefit of your service-users.
   - Think about what you would do differently in that specific situation – Would you check the local formulary before prescribing a drug requested from a secondary care specialist? Would you seek additional advice from someone in the practice? Would you include additional information in your documentation?

Remember, reflection does not mean going back through patient records to review all consultations for each drug listed in your report – be selective!

<u>Example opportunities for reflections</u>

Example 1: Based on colour coding of reports – Grey items.

All Items

Prescriber Name & Code	Controlled Drug?	Chapter	BNF Name	Values: Total Items	Values: Total Act Cost	Maximum Quantity per Prescription	Morphine Equivalent Daily Dose (MEDD/day - assumes monthly prescriptions)
	Not a CD	Cardiovascular System	Metolazone 2.5mg tablets	1	£166.30	56	
	Not a CD	Cardiovascular System	Clonidine 100microgram tablets	2	£8.66	56	
	Not a CD	Cardiovascular System	Pentoxifylline 400mg modified-release tablets	3	£54.25	56	
	Not a CD	Central Nervous System	Clonidine 25microgram tablets	1	£36.95	224	
	Not a CD	Central Nervous System	Amantadine 100mg capsules	1	£22.19	112	
	Not a CD	Endocrine System	Lixisenatide 6mg/1ml inj 3ml pre-filled disposable devices	2	£167.98	5	
	Not a CD	Endocrine System	Saxenda 6mg/ml solution for injection 3ml pre-filled pens	6	£735.73	5	
	Not a CD	Gastro-intestinal System	Budesonide 9mg prolonged-release tablets sugar free	1	£168.41	56	
	Not a CD	Infections	Rifaximin 550mg tablets	1	£243.03	56	
	Schedule 2 CD	Central Nervous System	Longtec 10mg modified-release tablets	1	£11.75	56	30
	Schedule 2 CD	Central Nervous System	Morphine 10mg modified-release tablets	1	£4.88	60	21
	Schedule 2 CD	Central Nervous System	Zomorph 30mg modified-release capsules	3	£23.37	60	64
	Schedule 2 CD	Central Nervous System	MST Continus 5mg tablets	2	£6.19	60	11
	Schedule 2 CD	Central Nervous System	Morphine 5mg modified-release tablets	1	£1.66	30	5
	Schedule 2 CD	Central Nervous System	Morphine sulfate 10mg/1ml solution for injection ampoules	1	£15.94	10	7
	Schedule 2 CD	Central Nervous System	Medikinet XL 40mg capsules	1	£50.61	28	0
	Schedule 2 CD	Central Nervous System	Methylphenidate 5mg tablets	1	£8.06	84	0
	Schedule 2 CD	Central Nervous System	Mezolar Matrix 25micrograms/hour transdermal patches	3	£30.33	5	32
	Schedule 2 CD	Central Nervous System	Morphine 10mg modified-release capsules	1	£3.26	60	21
	Schedule 2 CD	Central Nervous System	Shortec 5mg capsules	1	£3.33	28	8
	Schedule 2 CD	Central Nervous System	Shortec 20mg capsules	2	£51.45	56	61
	Schedule 2 CD	Central Nervous System	Fentanyl 37.5microgram/hour transdermal patches	1	£29.00	10	96
	Schedule 2 CD	Central Nervous System	Xaggitin XL 18mg tablets	2	£29.23	30	0
	Schedule 2 CD	Central Nervous System	Xaggitin XL 27mg tablets	2	£34.52	30	0
	Schedule 2 CD	Central Nervous System	Sevredol 10mg tablets	2	£9.98	56	20

You receive your prescribing data report, and you decide to focus on the grey drugs in your report. These are grey for a reason and so you look through the local medicine formulary, NICE guidelines and you identify that Saxenda is a RED drug on local formulary, and NICE states it should only be prescribed by the specialist weight management service, but you have prescribed it in primary care. This is an opportunity to reflect and undertake learning so that you can change your future practice for the benefit of service-users.
Go through the stages of the reflective process and ask yourself:

- Did you know Saxenda was a RED drug or is this new learning?
- Do you know the risks of prescribing it in primary care, how can you mitigate those risks?
- Which patient was prescribed this? Can you run a search on EMIS to find out?
- What is documented in the patient notes?
- Does the patient need a follow up? Do they need a referral into the weight management service? Do you know how to refer into the service?
- Is there a need to better improve the link/understanding between primary care and specialist services?
- How can you stop the same thing happening again? How will you change your practice from this learning?
- Could learning be shared with the wider practice team?

This learning supports/demonstrates how you are keeping up to date and using available resources to find out the most current and relevant information for yourself or other healthcare professionals e.g. courses, tools, guidelines.

Read the NICE guidelines and find out more about Saxenda and its use in weight management so that you deepen your knowledge and can have those detailed conversations with patients.

Reflection:

Example 2: Reflect on your scope of practice and identify learning needs.

Chapter	Apr - Jun 23
Anaesthesia	1
Appliances	203
Cardiovascular System	3332
Central Nervous System	2354
Dressings	16
Ear, Nose and Oropharynx	81
Endocrine System	1188
Eye	110
Gastro-Intestinal System	1001
Incontinence Appliances	8
Infections	290
Nutrition and Blood	388
Other Drugs and Preparations	0
Respiratory System	963
Skin	119
Stoma Appliances	58
Musculoskeletal and Joint Diseases	250
Malignant Disease and Immunosuppression	50
Obstetrics, Gynaecology and Urinary-Tract Disorders	229
Immunological Products and Vaccines	0
Schedule 2 Controlled Drugs	62
Schedule 3 Controlled Drugs	291
Schedule 4 Controlled Drugs	75
Schedule 5 Controlled Drugs	311

Not a CD	Eye	Bimatoprost 100micrograms/ml eye drops	12	£56.31	9
Not a CD	Eye	Brinzolamide 10mg/ml eye drops	3	£12.57	5
Not a CD	Eye	Carbomer '980' 0.2% eye drops	1	£2.65	10
Not a CD	Eye	Chloramphenicol 0.5% eye drops	13	£178.30	20
Not a CD	Eye	Chloramphenicol 1% eye ointment	8	£44.15	8
Not a CD	Eye	Dorzolamide 20mg/ml / Timolol 5mg/ml eye drops	6	£17.58	10
Not a CD	Eye	Dorzolamide 20mg/ml eye drops	4	£27.47	15
Not a CD	Eye	Ganfort 0.3mg/ml / 5mg/ml eye drops	1	£35.94	9
Not a CD	Eye	Latanoprost 50micrograms/ml eye drops	11	£34.62	5
Not a CD	Eye	Timolol 0.25% eye drops	2	£5.03	5
Not a CD	Eye	Viscotears 2mg/g liquid gel	3	£9.02	30
Not a CD	Eye	Sodium cromoglicate 2% eye drops	3	£14.66	27
Not a CD	Eye	Timolol 0.5% eye drops	2	£5.03	5
Not a CD	Eye	Bimatoprost 300micrograms/ml / Timolol 5mg/ml eye drops	4	£93.36	6
Not a CD	Eye	Brimonidine 0.2% eye drops	6	£34.65	10
Not a CD	Eye	Latanoprost 50micrograms/ml eye dps 0.2ml ud preserv free	1	£8.00	30
Not a CD	Eye	Fluorometholone 0.1% eye drops	3	£8.81	10
Not a CD	Eye	Acetazolamide 250mg tablets	2	£8.58	112
Not a CD	Eye	Dorzolamide 20mg/ml / Timolol 5mg/ml eye dps preserv free	1	£7.67	5
Not a CD	Eye	Travoprost 40micrograms/ml eye drops	6	£20.10	5
Not a CD	Eye	Dexamethasone 0.1% eye dps 0.4ml unit dose preservative free	1	£16.40	30
Not a CD	Eye	Pred Forte 1% eye drops	3	£10.31	10
Not a CD	Eye	Yellox 900micrograms/ml eye drops	3	£24.04	5
Not a CD	Eye	Brinzolamide 10mg/ml / Timolol 5mg/ml eye drops	3	£23.77	10
Not a CD	Eye	Dexamethasone 0.1% eye drops	2	£2.70	5
Not a CD	Eye	Ilervis 0.1% eye drops emulsion 0.3ml unit dose	1	£67.81	30
Not a CD	Eye	Latanoprost 50micrograms/ml / Timolol 5mg/ml eye drops	1	£3.32	2.5
Not a CD	Eye	Sodium cromoglicate 2% eye dps 0.3ml ud preservative free	2	£20.03	30
Not a CD	Eye	Cyclopentolate 1% eye dps 0.5ml unit dose preservative free	2	£47.33	40

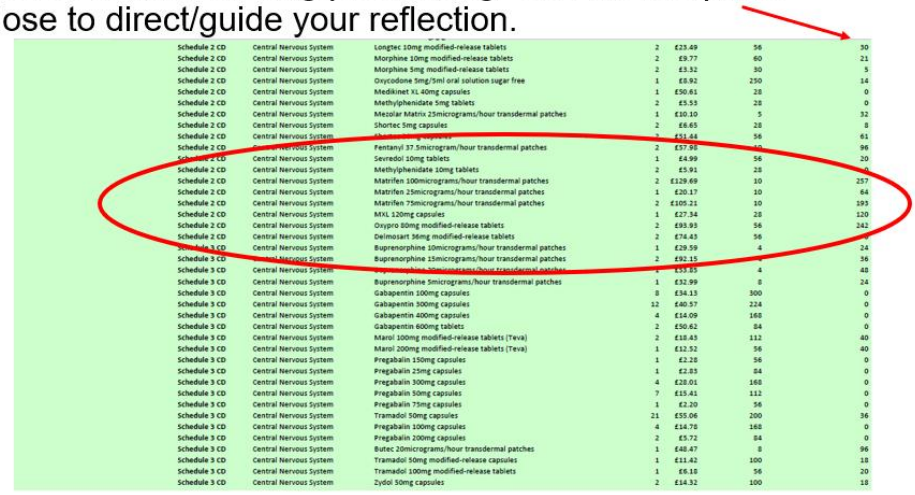
You receive your prescribing data report and you look at the summary table and you decide you will reflect on your scope of practice focusing on the BNF chapter ‘eye’ as you are surprised that you have prescribed over 100 items in this category. You look at the list of drugs you have prescribed in this chapter. Go through the reflective process and ask yourself:

- Do you know what these drugs are used for? If not, could you focus on two or three of the most frequently prescribed eye drops and learn more about them?
- Do you know dosage, side effects, interactions etc of the eye drops?
- Are you aware of storage requirements?
- Have you counselled the patients on the correct storage and dosage instructions? What have you documented in your consultations?
- What about red flag symptoms? Are you aware of what signs/symptoms you need to counsel a patient on in these eye conditions., and when to seek advice?
- Could you develop a quick reference guide for yourself on these eye drops to support your practice? Could this be shared with the wider practice team?

Remember, any learning can be kept in your CPD portfolio.

Reflection:

Example 3: Reflect on controlled drug prescribing. Use the morphine equivalent daily dose to direct/guide your reflection.



Schedule 2 CD	Central Nervous System	Longtec 10mg modified-release tablets	2	£23.49	56	30
Schedule 2 CD	Central Nervous System	Morphine 10mg modified-release tablets	2	£9.77	60	21
Schedule 2 CD	Central Nervous System	Morphine 5mg modified-release tablets	2	£3.32	30	5
Schedule 2 CD	Central Nervous System	Oxycodone 5mg/5ml oral solution sugar free	1	£8.92	250	14
Schedule 2 CD	Central Nervous System	Medikinet XL 40mg capsules	1	£50.61	28	0
Schedule 2 CD	Central Nervous System	Methylphenidate 5mg tablets	2	£5.53	28	0
Schedule 2 CD	Central Nervous System	Mezolar Matrix 25micrograms/hour transdermal patches	1	£10.10	5	32
Schedule 2 CD	Central Nervous System	Shortec 5mg capsules	2	£6.65	28	8
Schedule 2 CD	Central Nervous System	[illegible]	2	£51.44	56	61
Schedule 2 CD	Central Nervous System	Fentanyl 37.5microgram/hour transdermal patches	2	£57.98	10	96
Schedule 2 CD	Central Nervous System	Sevredol 10mg tablets	1	£4.99	56	20
Schedule 2 CD	Central Nervous System	Methylphenidate 10mg tablets	2	£5.91	28	0
Schedule 2 CD	Central Nervous System	Matrifen 100micrograms/hour transdermal patches	2	£129.69	10	257
Schedule 2 CD	Central Nervous System	Matrifen 25micrograms/hour transdermal patches	1	£20.17	10	64
Schedule 2 CD	Central Nervous System	Matrifen 75micrograms/hour transdermal patches	2	£105.21	10	193
Schedule 2 CD	Central Nervous System	MXL 120mg capsules	1	£27.34	28	120
Schedule 2 CD	Central Nervous System	Oxypro 80mg modified-release tablets	2	£93.93	56	242
Schedule 2 CD	Central Nervous System	Delmosart 36mg modified-release tablets	2	£74.43	56	0
Schedule 3 CD	Central Nervous System	Buprenorphine 10micrograms/hour transdermal patches	1	£29.59	4	24
Schedule 3 CD	Central Nervous System	Buprenorphine 15micrograms/hour transdermal patches	2	£92.15	4	56
Schedule 3 CD	Central Nervous System	Buprenorphine 20micrograms/hour transdermal patches	2	£57.55	4	48
Schedule 3 CD	Central Nervous System	Buprenorphine 5micrograms/hour transdermal patches	1	£32.99	8	24
Schedule 3 CD	Central Nervous System	Gabapentin 100mg capsules	8	£34.13	300	0
Schedule 3 CD	Central Nervous System	Gabapentin 300mg capsules	12	£40.57	224	0
Schedule 3 CD	Central Nervous System	Gabapentin 400mg capsules	4	£14.09	168	0
Schedule 3 CD	Central Nervous System	Gabapentin 600mg tablets	2	£50.62	84	0
Schedule 3 CD	Central Nervous System	Marol 100mg modified-release tablets (Teva)	2	£18.43	112	40
Schedule 3 CD	Central Nervous System	Marol 200mg modified-release tablets (Teva)	1	£12.52	56	40
Schedule 3 CD	Central Nervous System	Pregabalin 150mg capsules	1	£2.28	56	0
Schedule 3 CD	Central Nervous System	Pregabalin 25mg capsules	1	£2.03	84	0
Schedule 3 CD	Central Nervous System	Pregabalin 300mg capsules	4	£28.01	168	0
Schedule 3 CD	Central Nervous System	Pregabalin 50mg capsules	7	£15.41	112	0
Schedule 3 CD	Central Nervous System	Pregabalin 75mg capsules	1	£2.20	56	0
Schedule 3 CD	Central Nervous System	Tramadol 50mg capsules	21	£55.06	200	36
Schedule 3 CD	Central Nervous System	Pregabalin 100mg capsules	4	£14.70	168	0
Schedule 3 CD	Central Nervous System	Pregabalin 200mg capsules	2	£5.72	84	0
Schedule 3 CD	Central Nervous System	Butec 20micrograms/hour transdermal patches	1	£48.47	8	96
Schedule 3 CD	Central Nervous System	Tramadol 50mg modified-release capsules	1	£11.42	100	18
Schedule 3 CD	Central Nervous System	Tramadol 100mg modified-release tablets	1	£6.18	56	20
Schedule 3 CD	Central Nervous System	Zydol 50mg capsules	2	£14.32	100	18

You receive your prescribing report, and you decide to reflect on your controlled drug prescribing, with a particular focus on the morphine equivalent daily dose (MEDD). Go through the reflective process and ask yourself:

- Do you know the generic names of the brands prescribed?
- Are you prescribing 30 days supply as per the recommendations from the Department of Health and the Scottish Government. If not, what can you do to ensure future prescribing supports the recommendations?
- Are you aware of the main adverse effects and risks associated with the opioids prescribed, along with safe opioid use practices, including safe storage and disposal requirements?
- Are you aware of the key counselling points that need to be given to a patient when prescribing an opioid? If prescribing patches has the patient been informed how to apply the patches and safely dispose of them?
- Is your documentation clear, unambiguous and includes all the relevant information?
- Have you prescribed any controlled drugs that result in a MEDD of greater than 80mg/day? Can you run an EMIS search to find these patients – do they require a review and a tapering down of their dose? Remember: Lancashire and South Cumbria have a position statement for ‘High dose

morphine prescribing for chronic non-cancer pain' applicable to GPs and other primary care prescribers, which states:
If clinically indicated, A MAXIMUM morphine equivalent dose of 40 mg up to twice daily could be trialled in primary care (this has been agreed locally and approved by LSCMMG).
Following the trial, the opioid must be reviewed and discontinued if there is no response. If to continue the daily dose of opioid should not exceed 80mg morphine equivalent unless recommended by a pain specialist.
Patients already receiving a morphine equivalent dose of 120mg daily or higher in primary care should be reviewed and considered for a suitable withdrawal regimen.
Harms outweigh benefits at morphine equivalent doses in excess of 120mg daily.

You could also look to check if you have prescribed any controlled drugs that you are not currently permitted to do so by law (see: Who can prescribe what?). Remember: paramedic, physiotherapist, podiatrist independent prescribers all have restrictions to the prescribing of controlled drugs. These prescribers must ensure they are aware of their restrictions, and have agreed pathways in place to where they can refer patients should they come across a controlled drug that they are not permitted to prescribe. The restrictions do not apply if these prescribers are acting as a supplementary prescriber, but this can only occur if there is a Clinical Management Plan (CMP) in place. A Clinical Management Plan is a plan of care that relates to a named patient and the specific condition(s) to be managed by the supplementary prescriber, with the patient's agreement. It must be agreed by a GP (the independent prescriber) and the GP is responsible for the diagnosis and setting the parameters of the CMP, although they need not personally draw it up. While either the independent or supplementary prescriber may draft the CMP (paper or electronic), both of them must formally agree to it in writing before supplementary prescribing can begin. Supplementary prescribing is not 'my GP told me I can prescribe it'. It can only occur where there is a printed or electronic CMP. For more information about what must be contained in a CMP see the following link.

Reflection:

Example 4: Reflect on any prescribing outside of your declared competency.

You receive your prescribing data report, and you decide to reflect on any prescribing that falls outside of your declared competency. Go through the reflective process and ask yourself:

- Do these drugs/areas of prescribing now fall in your areas of competency? If not, consider how you will ensure you don't prescribe these drugs in the future. Or if you want to expand your scope of practice to include these drugs,

think about what additional learning you need to do and discuss this with your clinical supervisor.

By using the reports in this manner it may help identify ways to reduce any risk incurred when prescribing outside of your agreed scope.

Other areas that you could focus your reflection on include:

- If your report is blue, then this would indicate that the ICB does not hold an annual declaration for you. You could therefore direct your reflection on becoming familiar with the ICB policy for non-medical prescribing in General Practice and governance framework. Look at what steps you need to take to ensure you are compliant with the policy. And complete your approval to practice/annual declaration form and send this in to MLCSU (MLCSU.nmpregister@nhs.net).
- If you are prescribing shared care drugs then reflect on your prescribing of these drugs and on your competency to exercise your share of clinical responsibility. Consider the following points:
    - Are you keeping yourself informed about the shared care medicine(s) that were prescribed?
    - Are you able to recognise the serious and frequently occurring adverse side effects?
    - Are you making sure appropriate clinical monitoring arrangements are in place and that the patient understands them?
    - Are you keeping up to date with relevant guidance on the use of the shared care medicine(s) and on the management of the patient's condition?
    - Have you read and understood the contents/requirements in the relevant shared care protocol/guidance?
- If your prescribing quantities are large and would indicate signing repeat prescriptions, then this could be a focus area for your reflection. For quality assurance processes, think about does your practice / PCN have a repeat prescribing policy in place? If not, it needs developing.
    - If there is a policy in place, is it being followed? Is there an opportunity for the quality and the robustness of the system to be audited to ensure the policy is operating as intended.
    - Is there an opportunity to develop, improve safety and safe learning with staff in the GP practice: for example could you develop a short guidance document e.g. '*Think! Before generating repeat prescriptions - Some Safety tips for Staff Generating Repeat Prescriptions*' – you could include high risk medicines e.g. warfarin, insulin, NSAIDs, Lithium, Antiepileptics. Etc.
    - Could your practice look in to setting up electronic repeat dispensing (eRD)? More information about eRD and the benefits it can have for practices can be found on the following link: Electronic repeat dispensing for prescribers - NHS Digital.
    - Think about how you could put steps in place to make repeat prescribing safer; could you develop a protocol, could you agree an escalation route in the practice where you can send requests that fall outside of your declared competency, could you have a protocol/process in place for when safeguarding issues arise?
    - Are you finding you are signing repeat prescriptions, but not stopping medicines? If so, stop and think is there a need for better joined up

care. Could you look at linking in with social prescribers to help reduce tablet burden, especially those on medication for a long period of time?
    - Are you aware and following the guidance set out in the General Medical Council around repeat prescribing and the CQC guidance on repeat prescribing of controlled drugs?
- You could reflect on the quality of your documentation - your clinical notes should be clear, unambiguous and detailed enough to support your prescribing decision and explain what steps you had put in place to mitigate any risks. Consider asking your clinical supervisor to review some of your clinical notes, do they support best practice guidance.

Finally, if you receive your prescribing data report and it is all green this does not mean you do not need to reflect on your prescribing practice. All non-medical prescribers are required to reflect on their prescribing practice, this is emphasised in the RPS – A Competency Framework for all Prescribers, so be curious!

- Do you have knowledge in the clinical areas, or the medicines and evidence-based treatment options you are prescribing? Do you know what the red flags are and when to refer? Can you demonstrate competency and confidence in the medicines and conditions you are prescribing?
- Do you know drug indications, side effects, contraindications, and could you provide information to a person or carer and answer queries and concerns?
- If prescribing unlicensed/off-label medication, do you know the regulatory/legal frameworks and is this reflected in your documentation?
- Are you up-to-date with the relevant NICE guidelines?

Remember, this is an opportunity to identify gaps in knowledge and professional practice and make changes to enhance the quality and safety of your future prescribing practice.

2. Peer discussion

If you are in a practice where there are multiple non-medical prescribers, you can use the reports to support peer discussion. Peer discussion is an activity that encourages someone to engage with others in reflection on learning and practice, and research shows that having another person's view can help professionals to reflect on their practice and can reduce the potential for professional isolation.

References

- Royal Pharmaceutical Society: Prescribing Safely and Confidently, Published 7th July 2023.
- Royal Pharmaceutical Society: Reflective account, date accessed 03.10.2023

Appendix 1

Non-medical prescriber review of Quarterly Prescribing Form

Non-medical prescriber (Print name):	Date of review:
Supervisor (print name):	
Date/quarter of prescribing data:	
Review of all medication other than controlled drugs	
Please list any prescribing outside your agreed scope of practice. Explain why and what action you are going to take to ensure prescribing is within your agreed scope of practice, for example, change in scope of practice if competency agreed by clinical supervisor/DPP, further training before competency agreed. Or explain what action will be taken to ensure no future prescribing.	
Review of branded, non-formulary/'Do Not prescribe' (BLACK)/RED formulary items	
Have any branded, non-formulary, BLACK or formulary RED items been prescribed? **Yes** / **No** Is there a valid reason for prescribing branded, non-formulary items, BLACK formulary items? **Yes** / **No** If 'No' please state what action will be taken to ensure no future prescribing of such items. What actions will you take to ensure no future prescribing of formulary RED items?	

Review of AMBER / AMBER SHARED CARE drugs

Have any Amber / Amber shared care drugs been prescribed? **Yes** / **No**

Where **Amber shared care drugs** have been prescribed:

1) Was there a shared care agreement/guideline in place and recorded in the patient notes? **Yes** / **No**
2) Was all monitoring up to date and in line with the relevant shared care agreement/guideline? **Yes** / **No**

Reflect on your prescribing of amber shared care drugs and on your competency to exercise your share of clinical responsibility. Consider the following points:

a. Are you keeping yourself informed about the shared care medicine(s) that were prescribed?
b. Are you able to recognise the serious and frequently occurring adverse side effects?
c. Are you making sure appropriate clinical monitoring arrangements are in place and that the patient understands them?
d. Are you keeping up to date with relevant guidance on the use of the shared care medicine(s) and on the management of the patient's condition?
e. Have you read and understood the contents/requirements in the relevant shared care protocol/guidance?

Please note down any additional learning / continuing professional development (CPD) that you will undertake following your reflection:

Review of controlled drugs	
Do you hold the right to legally prescribe controlled drugs? **Yes** / **No**	
Have you prescribed controlled drugs? **Yes** / **No**	
Morphine Equivalent Daily Dose (MEDD) 1. Have you prescribed opioids where the MEDD is greater than 120mg? **Yes** / **No** 2. Are you aware of the national guidance and local guidance around high dose opioids in chronic pain? **Yes** / **No** *National guidance:* Opioids Aware | Faculty of Pain Medicine (fpm.ac.uk) *Local guidance:* Lancashire and South Cumbria have a position statement 3. Where MEDD exceeds 120mg, have clinical management plans been put in place, and are these patients being followed up/reviewed and dose reduction considered? **Yes** / **No** If 'No' explain why not and what is being done to mitigate risk to patients:	
Please list any prescribing outside your agreed scope of practice. Explain why and what action you are going to take to ensure prescribing is within your scope of practice, for example change in scope of practice if competency agreed by clinical supervisor/DPP, further training before competency agreed. Or explain what action will be taken to ensure no future prescribing.	
I will commit to keeping up to date in the clinical areas of my practice through regular CPD and reflective practice.	☐ (Please tick)
Signature of non-medical prescriber:	
Signature of clinical supervisor/DPP:	

Please ensure this completed form and, where applicable, an updated annual declaration/scope of practice form is emailed to:

- *MLCSU:MLCSU.nmpregister@nhs.net*
- ***and** ICB NMP Lead: lscicb-el.nonmedicalprescribingenquiries@nhs.net.*