



# Memorandum of Understanding for Mental Health Practitioners employed jointly under ARRS funding and undertaking Non-Medical Prescribing as part of their role working in Primary Care Networks

<b>Ratified Date</b>	09/04/2024	<b>Version Number</b>	001	<b>Expiry Date</b> <i>Max. 3 years from ratification</i>	09/04/2027
<b>Reason(s) for change</b> (if not new at this edition)					

<b>Chief Officer</b>	Delegated NMP Leads in the ICB, LSCFT and L&SC Training Hub
<b>Lead Author</b>	Vicki Jordan Primary Care Clinical Advisor in Mental Health

<b>Document Type:</b>	Memorandum of Understanding	<b>Reference Number:</b>	Applied by Governance Dept	<b>Document level:</b>	Choose an item.
<b>Document purpose:</b>	<p>To ensure non-medical prescribing (NMP) practice across General Practice in NHS Lancashire and South Cumbria is governed by robust procedures and processes.</p> <p>The aim of this Memorandum of understanding is to provide a framework for the practical application of Non- Medical Prescribing (NMP) for mental health practitioners (MHP's) working within primary care settings, who are jointly employed under the additional roles reimbursement scheme (ARRS).</p>				
<b>Applicable to:</b>	All Mental Health Practitioners employed jointly under ARRS funding who are working within a Primary Care Setting with a Non-Medical prescribing qualification or working towards a Non-Medical prescribing qualification.				

<b>People/Groups Consulted:</b>	<p><b>Vicki Jordan</b> Senior Primary Care Mental Health Practitioner/ Independent Prescriber Primary Care Clinical Advisor in Mental Health</p> <p><b>Kristen Clayton</b> Medicines Safety Officer (MSO)/Non-Medical Prescribing (NMP) Lead/Medicines Management Nurse</p> <p><b>Jatinder Saimbi/Nicola Baxter</b></p>
---------------------------------	---



	<p>Delegated ICB Leads for Non-Medical Prescribing</p> <p><b>Thomas Coulton</b>          Operations Manager – Morecambe Bay Training Hub</p> <p><b>Community Mental Health Transformation - PCN Workers/ARRS Steering Group</b> – This is a well-established group with representation from the ICB, LSCFT and L&amp;SC Training Hub. The steering group meet on a 4-weekly basis and have worked on specific projects in relation to mental health transformation and introduction of the Mental Health ARRS workers in Primary Care.</p> <p>The group is responsible for the development of the ARRS Mental Health Handbook and regularly consults with key stakeholders who are involved with the implementation of these roles in primary care.</p>
<p><b>Approval Meeting:</b></p>	<p><b>Community Mental Health Transformation - PCN Workers/ARRS Steering Group – Approved 09/04/2024.</b></p> <p>Chaired By:  <b>Dr Jim Hacking</b>          Clinical Care and Professional Lead- Mental Health, Lancs &amp; S Cumbria ICB</p> <p><b>Mark Welsh</b>          Community Mental Health Transformation Programme Manager          NHS Lancashire and South Cumbria ICB</p> <p>LSCFT Drugs and Therapeutics Committee.</p>
<p><b>Other documents to be read in conjunction:</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Independent Prescribing - Lancashire and South Cumbria Training Hub (lscthub.co.uk)</a></li> <li>• <a href="#">NHS Wales – Cardiff and Vale University Health Board</a></li> <li>• <a href="#">Non-Medical and Dental Prescribing Governance Framework</a></li> <li>• <a href="#">The Royal Pharmaceutical Society – A competency framework for all prescribers (2021)</a></li> <li>• <a href="#">Nursing and Midwifery Council: Standards for Prescribers</a></li> <li>• <a href="#">Health and care professions council: Standards for Prescribing</a></li> <li>• <a href="#">LSCFT Non Medical Prescribing Procedure PHB002</a></li> <li>• <a href="#">LSCFT Non Medical Prescribing Policy PHB001</a></li> <li>• <a href="#">LSCFT Non Medical Prescribing Strategy PHB003</a></li> </ul>

**Version Control and Change Summary**

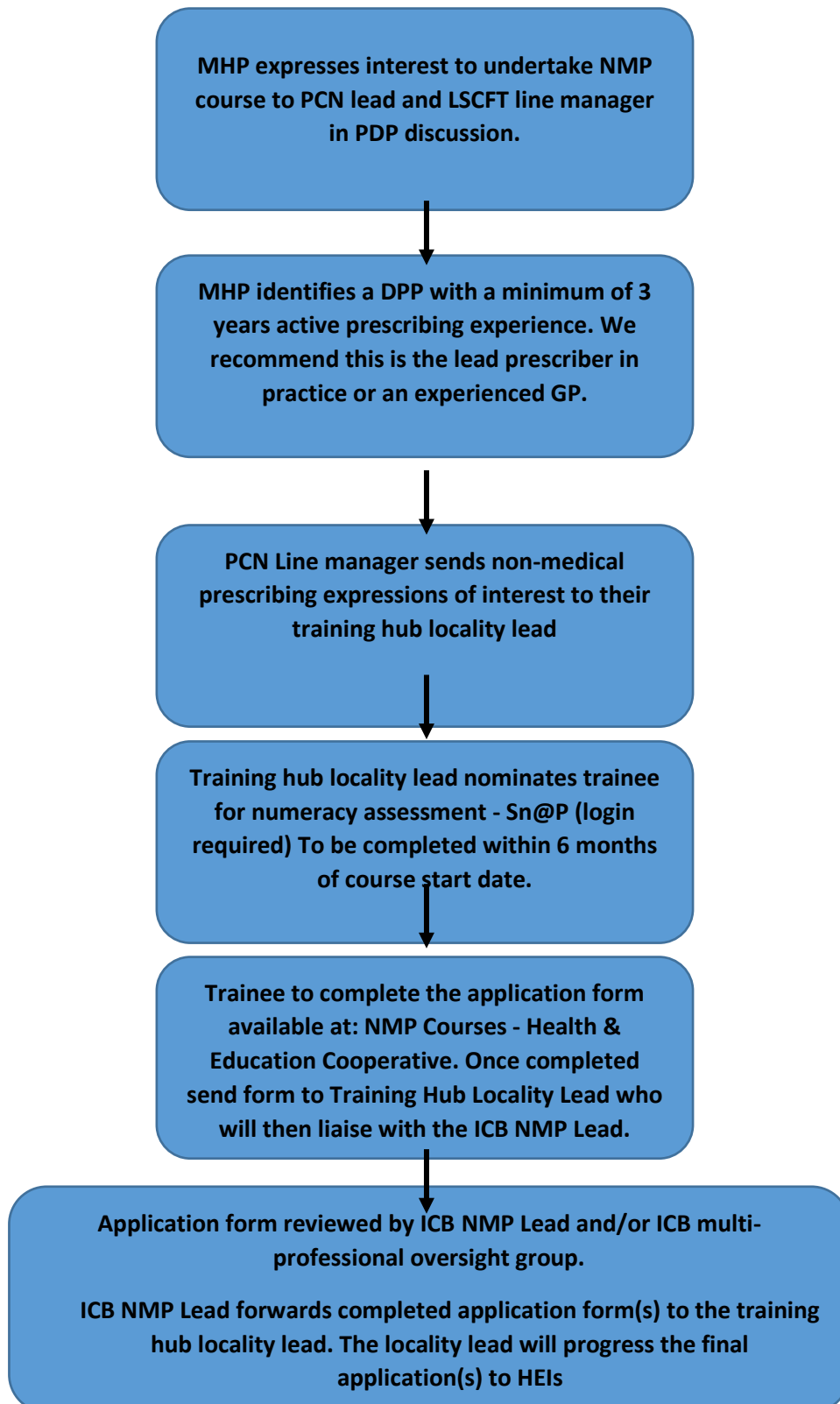


Version Number	Date	Section	Author	Comments

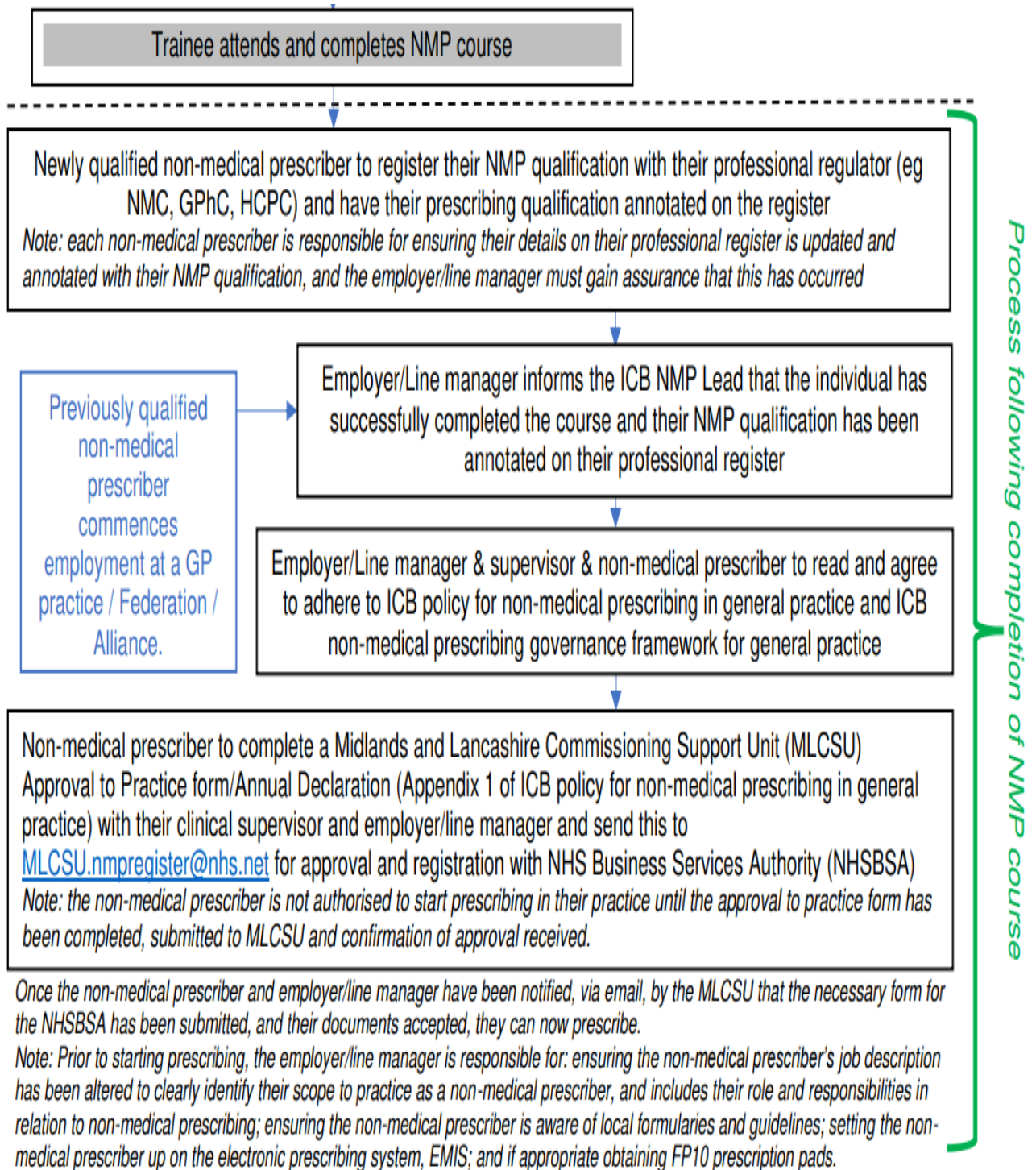
Contents	Page No
Quick reference flowchart	<b>4</b>
Process following Completion of NMP Course/ Previously qualified	<b>5</b>
1.0 Introduction and Purpose	<b>6</b>
2.0 Scope and Duties	<b>7</b>
3.0 Definitions	<b>8</b>
4.0 The Memorandum of Understanding	<b>10</b>
5.0 Monitoring	<b>15</b>
6.0 References (including applicable NICE publications)	<b>16</b>
7.0 Implementation Plan	<b>17</b>



**PROCESS TO APPLY FOR FUNDED INDEPENDENT PRESCRIBING COURSES FOR  
MENTAL HEALTH PRACTITIONERS IN PRIMARY CARE**



## Process Following Completion of NMP Course



**Please Note-** It is the responsibility of the NMP to ensure that the LSCFT NMP lead ([Non-Medical.Prescrib@lscft.nhs.uk](mailto:Non-Medical.Prescrib@lscft.nhs.uk)) has a copy of the Approval to Practice Form/Declaration.



## 1.0 Introduction and Purpose

The aim of this Memorandum of Understanding (MoU) is to set out the framework for the practical application of Non-Medical Prescribing (NMP) for Mental Health Practitioners (MHP's) working within primary care settings, who are jointly employed under the additional roles reimbursement scheme (ARRS).

Due to the nature of these jointly funded roles, it is imperative that the individual MHP and the funding organisations understand their responsibilities and appropriate governance is in place.

This MoU is not intended to be legally binding. It documents the respective roles, processes, procedures and agreements reached between LSCFT and General Practice.

This MoU should not be interpreted as removing, or reducing, existing legal obligations or responsibilities of each organisation.

MHP's have a pivotal role in improving outcomes for patients presenting with a wide range of mental health problems within a primary care setting. Discussing the full range of treatment options with adults who have a mental health problem helps support them to make an informed decision about their treatment preferences. Using shared decision making, the discussion should lead to the development of a treatment plan, with choices based on the person's clinical needs and preferences.

MHP's working in primary care with an NMP qualification will provide support to the service by undertaking initial assessments, formulating a diagnosis, initiating treatment (within scope of practice), medication reviews, monitoring effectiveness and potential side effects and where appropriate making changes to medication for service users in line with guidance and agreed care plans i.e. from secondary care.

The MHP will be making autonomous decisions and, in some cases, formulating a working diagnosis on patients that attend with a range of common undifferentiated mental health problems, and may also review patients with more complex mental health diagnoses if competent to do so.

The MHP will support primary care in managing common mental health conditions and reducing numbers of new referrals to secondary care mental health services and support primary care with patients being stepped down from secondary care who have more complex mental illness which is stable.

The MHP will act as an Independent Prescriber except in more complex cases where medical oversight and joint MDT decision making may be clinically appropriate. This will facilitate a more flexible, timely and responsive service which best meets the needs of patients and carers.

In order to prescribe safely, the MHP must undertake a full assessment of the service user and take a thorough history.

The MHP will seek opportunities to assist with medication management for people with mental illness and will have an important role in reviewing the indications for medication usage and deprescribing, where appropriate.





NMP's will adhere to the ICB Policy for Non-Medical Prescribing in General Practice and governance framework.

## 2.0 Scope and Duties

This MoU applies to all Mental Health Practitioners (including those Mental Health Practitioners who are registered non-medical prescribers, currently registered with their professional body) employed in a substantive post as a mental health practitioner in a primary care setting, who are jointly employed under the additional roles reimbursement scheme (ARRS).

The MoU does not include MHP's directly employed by a GP Practice/PCN and locum or agency staff. Bank staff are also excluded from prescribing unless their post requires them to have a fixed base and they practice under a permanent clinical management structure following agreement from the ICB NMP Leads.

MHP's may prescribe for service users with either a clear or working diagnoses within the limits of their declared competencies, and in consultation with the MDT.

## Inclusion

The following list is not exhaustive but provides an indication of the type of patient that could be referred to the Mental Health NMP's working within the primary care team.

- Patients who present with common mental health problems requiring pharmacological intervention i.e. depression/ anxiety.
- Patients who are identified on the mental health register and require a comprehensive mental health/physical health review as part the Quality Outcome Framework (QOF).
- Patients with complex prescribing/polypharmacy where a review of current treatment is required.
- Patients with specific adherence problems with mental health medications
- Patients whose prescribed mental health medication has been initiated in secondary care and requires continued prescribing and monitoring in primary care under shared care agreement.
- Conducting searches to ensure that patients who are prescribed medications for off-license indications are identified and receiving the necessary monitoring and physical health checks e.g. antipsychotic medications.
- Patients experiencing side effects from mental health medication.
- Patients on mental health medications where there is a concern about a potential interaction with other medications.
- Patients whose mental health medication is not providing acceptable efficacy.
- Patients that have physical health issues which can complicate mental health treatment choices e.g. cardiovascular disease.
- Patients with worsening of mental health symptoms but do not have any associated increased risk and/or the severity does not require assessment by a doctor/secondary care mental health services.



- Where appropriate, NMPs may support the ongoing review/referral to specialist services, of patients prescribed sodium valproate, as per the Pregnancy Prevention Programme.
- Where required, will support the ongoing monitoring of compliance with shared care arrangements and relevant physical health monitoring requirements for those prescribed psychotropic medication, support relevant QOF (Quality and Outcomes Framework) standards, as agreed locally.

## Exclusion

The following list is not exhaustive but provides an indication of the type of patient that are not appropriate for referral to the MHP working within the primary care team.

- Patients below the age of 18 years of age
- Patients that request transfer back to a Consultant Psychiatrist
- Patients who require more robust support, i.e. under secondary care mental health services
- Patients who are considered to require a change in non-psychotropic medications.
- Patients / their carer who do not consent to being treated by an NMP
- Patients / their carer who do not consent to the use of medicines outside of their licensed indications.
- Patients who are part of research or drug trials
- Sodium valproate initiation for women of childbearing potential

## 3.0 Definitions

Three types of Non-Medical Prescribing:

### Independent prescribing

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. Nurse and pharmacist independent prescribers can prescribe any medicine for any medical condition within their competence, including any controlled drug in Schedule 2,3,4 or 5 of the Misuse of Drugs Regulations 2001 (as amended), except for cocaine, diamorphine and dipipanone for treating addiction.

### Supplementary prescribing

Supplementary prescribers may prescribe any medicine (including controlled drugs), within the framework of a patient-specific clinical management plan (CMP) which has been agreed with a doctor or dentist. It is a legal requirement for a CMP to be in place before supplementary prescribing can begin. Supplementary prescribing is a voluntary prescribing partnership between an independent prescriber (doctor or dentist) and a supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement. Supplementary prescribers can only prescribe in partnership with a doctor or dentist.

This mode of prescribing is available to nurses, midwives, pharmacists, physiotherapists, podiatrists, optometrists, dietitians, radiographers and paramedics. Nurses, midwives, pharmacists, physiotherapists, optometrists, podiatrists and paramedics can no longer





undertake training in supplementary prescribing alone but may train to be independent and supplementary prescriber.

### **Prescribing by Community Practitioners from the Nurse Prescribers' Formulary (also known as V100 and V150)**

Nurses who have completed a specialist practitioner programme, which includes the V100 module, or who have completed the standalone V150 module.

These are predominantly district nurses, health visitors and school nurses. Prescribing is limited to the nurse prescribers' formulary (and Drug Tariff, Part IX, Appliances and Reagents) for community practitioners, so they are not required to submit a Scope of Practice. Community practitioner nurse prescribers must only prescribe for patients that they have assessed. In the event of being requested to prescribe for a patient under the caseload of another practitioner, the prescriber must undertake their own assessment. The Nurse Prescribers' formulary for Community Practitioners can be found in the British National Formulary (BNF).

### **Designated Medical Practitioner**

A Designated Medical Practitioner (DMP) is a Medical Practitioner who directs and supervises a Non-Medical Prescriber's period of learning in practice – a required element of Non-Medical Prescribing qualifications and acts as a clinical supervisor to the Non-Medical Prescriber after qualification. They will also be responsible for assessing whether the learning outcomes have been met and whether the trainee has acquired certain competencies.

### **Designated Prescribing Practitioner**

A designated prescribing practitioner (DPP) is the designated practitioner responsible for the Non-Medical Prescribing trainee's period of learning in practice and acts as a clinical supervisor to the Non-Medical prescriber after qualification. It acts as an umbrella term to bring a number of different profession-specific titles together. The titles, used by professional regulators, that are covered by the term DPP (when applied in the context of prescribing training) are:

- Designated Medical Practitioner (DMP)
- Designated Prescribing Practitioner (DPP)
- Named Practice Supervisor
- Practice Assessor
- Practice Educator

### **Regulatory bodies**

- The Nursing and Midwifery Council (NMC) regulate nurses and midwives.
- The General Pharmaceutical Council (GPhC) regulates pharmacists and pharmacy technicians.
- The General Optical Council regulates optometrists.
- The Health & Care Professions Council (HCPC) regulates the following: dieticians, paramedics, physiotherapists, podiatrists/chiropractors and radiographers.

## Responsibilities for individuals supporting Non-Medical Prescribers (NMPs)

Mental health prescribers within Primary Care roles must refer to the ICB Non-Medical Prescribing Governance Framework for General Practice (this can be found in Appendix 3 of the ICB Policy for Non-Medical Prescribing in General Practice), which is supported by the LSCFT Non-Medical Prescribing Policy. Both documents outline roles and responsibilities of:

- Employer/line manager
- Non-Medical Prescriber
- Supervisor/designated prescribing practitioner
- Integrated Care Board (ICB)
- Lancashire and South Cumbria Primary Care Training Hub
- Lancashire and South Cumbria NHS Foundation Trust (LSCFT)

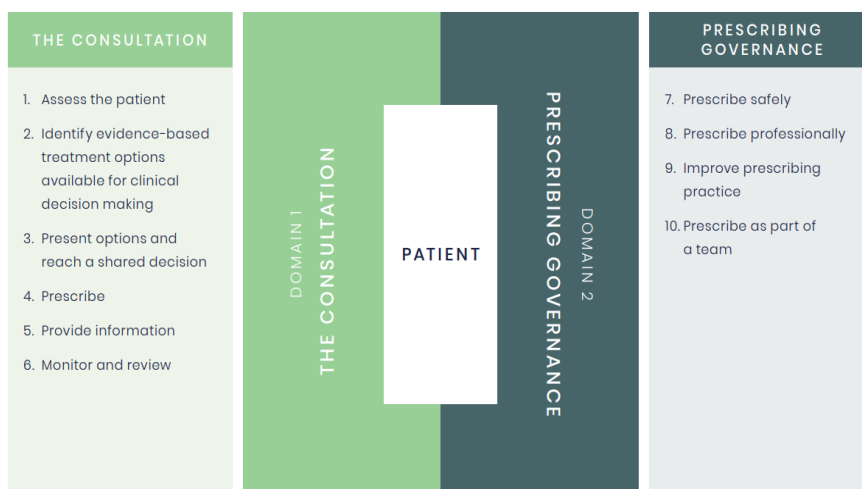
In the first instance, prescribers will report to the relevant NMP Lead (ICB NMP Lead ([lscicb-el.nonmedicalprescribingenquiries@nhs.net](mailto:lscicb-el.nonmedicalprescribingenquiries@nhs.net)) or LSCFT NMP Lead ([Non-Medical.Prescrib@lscft.nhs.uk](mailto:Non-Medical.Prescrib@lscft.nhs.uk))). Scope of Practice/Annual Declaration documentation should be shared with both the ICB NMP Lead and the LSCFT NMP Lead, as part of the organisational joint working agreement.

## 4.0 The MoU

### Principles of Prescribing

The NMP will adhere to the principles of prescribing as outlined by the Royal Pharmaceutical Society in 'A Competency Framework for all Prescribers', (RPS, 2021).

The Competency Framework for all Prescribers





## Competency to prescribe

As part of individual scope of practice/annual declaration, discussions with supervisors must include current competence and identified areas for support where required. Whilst the MoU outlines inclusion criteria, individual NMP's must only prescribe within their scope of competence, both in terms of clinical presentation and medicines prescribed.

## Prescribing Formulary

NMPs may only prescribe within their sphere of competency and NMPs may wish to keep a personal formulary (P-Formulary) to support their prescribing practice. Where P-formularies are used, these should be agreed between the NMP and their clinical supervisor.

## Risk Governance

The following measures will support evidence based safe practice:

- Robust communication with the wider MDT, and other health care professionals as soon as possible in writing.
- Obtaining a comprehensive clinical history to ensure a good understanding of, and familiarity with patient's presentation.
- The use of clear care plans and prescribing reviews as appropriate.
- Immediate referral to appropriate services should the patient's physical or mental health deteriorate.
- The use of up-to-date clinical guidelines.
- Undertaking CPD and learning.
- Having a clinical supervisor and undertaking regular reviews/supervision/case-based discussions with them.
- Annual audits of various aspects of prescribing practices and patient care.
- Provision of secure storage for prescribing stationary through single access facilities.
- Incident involving NMPs must be recorded via both ICB and LSCFT incident reporting systems. Findings post incident will be shared to ensure appropriate follow up and support for all involved. For further guidance, NMP Leads can be contacted for support.

## Training to become a Non-Medical Prescriber

All potential candidates interested in undertaking a Non-Medical Prescribing course must contact their Primary Care Training Hub Locality Lead for advice. For LSCFT staff, they may contact the LSCFT NMP Lead in the first instance, who can direct them to the relevant locality lead.

Successful completion of the online numeracy assessment, Sn@P, will be required before applications may be considered.

All applications will be reviewed via the ICB NMP Lead and/or ICB multi-professional oversight group prior to being accepted. The ICB NMP Lead will also gain additional assurances via place-based Heads of Medicines Optimisation to ensure suitability of each practice setting where learning will occur.

## Contact details of Primary Care Training Hub Locality Leads

Details can be found via the following link: <https://www.lscthub.co.uk/independent-prescribing/>.

## Funding

Various funding routes are available for Non-Medical Prescribing courses. Applicants should contact their Primary Care Training Hub Locality Lead for information on how to access funding.

## Business Services Authority Registration Process

### Newly Qualified Non-Medical Prescriber

Following successful completion of a Non-Medical Prescribing course, receipt of notification from the relevant professional regulatory body and once the information has been updated on the professional register, the following must occur before the individual commences prescribing in General Practice / GP Federation / Alliance / Primary Care Network (PCN):

- PCN line manager must inform the ICB NMP lead that the individual has successfully completed the course.
- To become registered with the NHS Business Services Authority (NHSBSA) and have prescribing data assigned to a particular practice / cost centre, the following process must occur:
  - a. The Non-Medical Prescriber must complete a Midlands and Lancashire Commissioning Support Unit (MLCSU) approval to practice form/annual declaration (this form can be found in Appendix 1 of the ICB Policy for Non-Medical Prescribing in General Practice) with their clinical supervisor and employer/line manager and send this to [MLCSU.nmpregister@nhs.net](mailto:MLCSU.nmpregister@nhs.net) and [Non-Medical.Prescrib@lscft.nhs.uk](mailto:Non-Medical.Prescrib@lscft.nhs.uk).
  - b. The MLCSU will forward a completed Non-Medical Prescriber Joining a GP Practice or Cost Centre form to NHSBSA. The Business Services Authority takes 3 to 4 working days to process requests.
  - c. MLCSU will inform the Non-Medical Prescriber and PCN line manager via email that the NHSBSA form has been submitted.

### Qualified Non-Medical Prescriber New to a General Practice, GP Federation, Alliance or Primary Care Network (PCN)

The following process is required to ensure that newly appointed Non-Medical Prescribers are registered with the NHS Business Services Authority (NHSBSA) and have prescribing data assigned to a particular practice / cost centre.

- a. The Non-Medical Prescriber must complete a Midlands and Lancashire Commissioning Support Unit (MLCSU) approval to practice form/annual declaration with their clinical supervisor and employer/line manager and send this to [MLCSU.nmpregister@nhs.net](mailto:MLCSU.nmpregister@nhs.net) and [Non-Medical.Prescrib@lscft.nhs.uk](mailto:Non-Medical.Prescrib@lscft.nhs.uk).
- b. The MLCSU will forward a completed Non-Medical Prescriber Joining a GP Practice or Cost Centre form to NHSBSA. The Business Services Authority takes 3 to 4 working days to process requests.
- c. MLCSU will inform the Non-Medical Prescriber and employer/line manager via email that the NHSBSA form has been submitted.

### Non-Medical Prescriber Leaving a General Practice, GP Federation, Alliance or Primary Care Network (PCN)



The following process is required to ensure that the NHS Business Services Authority is notified when a Non-Medical Prescriber leaves:

- a. The employer/line manager must email the MLCSU ([MLCSU.nmpregister@nhs.net](mailto:MLCSU.nmpregister@nhs.net)) and LSCFT NMP Lead ([Non-Medical.Prescrib@lscft.nhs.uk](mailto:Non-Medical.Prescrib@lscft.nhs.uk)) with the details of the non-medical prescriber. The following information must be provided:
  - Non-Medical Prescriber details: title, first name and surname, professional registration/PIN number, profession, for example, nurse, pharmacist etc.
  - for Nurse Prescribers – if the nurse is an independent prescriber or a community practitioner Nurse Prescriber
  - date Non-Medical Prescriber left
  - practice code
- b. The MLCSU will forward a completed Non-Medical Prescriber Leaving a GP Practice or Cost Centre form to NHSBSA. The Business Services Authority takes 3 to 4 working days to process requests.
- c. MLCSU will inform the employer/line manager via email that the NHSBSA form has been submitted.

### **Joining the ICB Non-Medical Prescribing Register**

Once a Non-Medical prescriber has been registered with the NHS Business Services Authority, they will be added to the ICB Non-Medical Prescribing register. Once the Non-Medical Prescriber and the PCN line manager have been notified, via email, by the MLCSU that the necessary form for the NHS Business Services Authority has been submitted, and their documents accepted, they can now prescribe.

The Non-Medical Prescriber must inform the LSCFT NMP Lead via email ([Non-Medical.Prescrib@lscft.nhs.uk](mailto:Non-Medical.Prescrib@lscft.nhs.uk)) once they have received confirmation that their documents have been accepted. The LSCFT NMP Lead will then be able to ensure the prescriber is listed within the LSCFT NMP register.

Note: Prior to starting prescribing, the PCN line manager is responsible for: ensuring that the Non-Medical Prescriber is aware of local formularies and guidelines; setting the Non-Medical Prescriber up on the electronic prescribing system, EMIS; ensuring the Non-Medical Prescriber's job description has been altered to clearly identify their scope to practice as a Non-Medical Prescriber, and includes their role and responsibilities in relation to Non-Medical Prescribing; and if appropriate obtaining FP10 prescription pads

A Non-Medical Prescriber must have an active prescribing role that is integral to their job description to remain on the ICB Non-Medical Prescribing register. All Non-Medical prescribers who are no longer active prescribers must inform the ICB NMP Lead, such circumstances include career breaks or maternity leave for example.

### **Annual Declaration**

Annual declarations should form part of a Non-Medical Prescriber's annual appraisal. Non-Medical Prescribers must complete a MLCSU approval to practice form/annual declaration with their clinical supervisor and employer/line manager and send this to MLCSU ([MLCSU.nmpregister@nhs.net](mailto:MLCSU.nmpregister@nhs.net)) and LSCFT NMP Lead ([Non-Medical.Prescrib@lscft.nhs.uk](mailto:Non-Medical.Prescrib@lscft.nhs.uk)).

PCN line managers must be aware that an annual declaration form must be completed and returned for each of the Non-Medical Prescribers employed by the practice. This request will come from the MLCSU.





## **Governance and Prescription Monitoring**

Non-Medical Prescribers must report any patient safety concerns or incidents to their PCN line manager in the first instance and refer to their organisations incident reporting policy and guidelines.

Please refer to the ICB Non-Medical Prescribing Governance Framework for General Practice (this can be found in Appendix 3 of the ICB Policy for Non-Medical Prescribing in General Practice). The PCN line manager, clinical supervisor and Non-Medical Prescriber (via revalidation and annual appraisal) are responsible for demonstrating and monitoring prescribing competences.

The MLCSU will provide Non-Medical Prescribers with quarterly prescribing reports detailing prescribing by therapeutic area and highlighting any prescribing outside their declared areas of competence.

The Non-Medical Prescriber should share their prescribing data report with the LSCFT NMP Lead where prescribing anomalies have been identified.

## **Adverse Drug Reaction Reporting**

If a patient experiences a severe or unexpected reaction to a prescribed medicine, the Non-Medical Prescriber should, if appropriate, use the Adverse Drug Reaction (ADR) Reporting Form or 'Yellow Card' to report this to the Medicines and Healthcare products Regulatory Agency (MHRA).

Reporting should be carried out for prescribed drugs, medicines obtained by patients over the counter and herbal medicines. Electronic reporting is the method of choice and can be accessed from MHRA or in some cases via the GP's clinical system, for example, EMIS.

Paper versions of the Yellow Card are included in the BNF. All adverse reactions and subsequent actions should be documented in the patient's notes.

Once reported via the Yellow Card system, the reaction must be reported via the LSCFT incident reporting system.

## **Clinical Supervision and Continuing Professional Development (CPD)**

- Clinical supervision and CPD are essential elements of the clinical governance framework for Non-Medical Prescribing.
- The Non-Medical Prescriber is responsible for their own ongoing professional development and is expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe. Failure to do so may lead to fitness to practice concerns, which may be raised with the Non-Medical Prescriber's professional body.
- CPD requirements should be identified at least annually, during the Non-Medical Prescriber's appraisal process.
- The Non-Medical Prescriber is required to maintain a CPD portfolio, including a review of prescribing related critical incidents and learning from them.
- The clinical supervisor and the PCN line manager should ensure that the prescriber has access to relevant education, training and development opportunities.
- CPD may also be met by reading, reflection, clinical supervision, clinical discussions with the wider MDT, shadowing and clinical / peer review.
- Every Non-Medical Prescriber should have access to clinical supervision in support of their practice, enabling practitioners to maintain and improve standards of care and develop their prescribing skills.





- The clinical supervisor is responsible for reviewing the Non-Medical Prescriber's continuing professional development portfolio at agreed intervals, at least annually, for assurance purposes.
- The clinical supervisor and NMP should agree how often they should meet to discuss competencies, prescribing and continuing professional development. The decision should consider the experience of the Non-Medical Prescriber and should be more frequent to support newly qualified Non-Medical Prescribers or where there has been a change in role.
- All NMP's should conduct an appraisal of their own practice against the "A Competency Framework for all Prescribers" published by the Royal Pharmaceutical Society <https://www.rpharms.com/resources/frameworks/prescribers-competency>
- It is the responsibility of the NMP to ensure that their clinical supervisor and employer/line manager are informed if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable or safe level. The Non-Medical Prescriber should not continue with prescribing activities in this case until their needs have been addressed and their competence or confidence restored. It is the Non-Medical Prescribers own professional responsibility to only work within their sphere of competence because they are responsible, as a professional, for any errors regardless of any external pressure applied by the practice/employer.

## 5.0 Monitoring

Standard	Time frame/ format	How this will be monitored	By whom
Compliance with ICB Policy for Non-Medical Prescribing in General Practice and Governance Framework	Ongoing	Clinical Supervision Records Non-Medical Prescribing data reports/ reflection Annual Declaration	NMP Named Clinician ICB NMP Leads LSCFT NMP Lead
Adherence to clinical guidelines eg. NICE, Maudsley etc.	Ongoing	MDT/Clinical Supervision Records	NMP
Compliance with NMP standards	Annual	Clinical Supervision	NMP Named Clinician
Proof of continued learning and clinical supervision	Annual	Declaration of CPD NMC Revalidation Portfolio	NMP Named Clinician  ICB NMP Leads LSCFT NMP Lead



## 6.0 References (including applicable NICE publications)

- BNF is only available in the UK, NICE. Available at: <https://bnf.nice.org.uk/> (Accessed: 22 January 2024).
- BUMPS (no date) bumps - best use of medicine in pregnancy. Available at: <https://www.medicinesinpregnancy.org/> (Accessed: 22 January 2024).
- Hertsvalleysccg.nhs.uk. (2018) Guidelines On Choice And Selection Of Antidepressants For The Management Of Depression. [online] Available at: <[https://hertsvalleysccg.nhs.uk/application/files/1615/3633/3654/Guidelines\\_on\\_Choice\\_and\\_Selection\\_of\\_Antidepressants\\_for\\_the\\_Management\\_of\\_Depression\\_Final\\_Sept\\_2016.pdf](https://hertsvalleysccg.nhs.uk/application/files/1615/3633/3654/Guidelines_on_Choice_and_Selection_of_Antidepressants_for_the_Management_of_Depression_Final_Sept_2016.pdf)> [Accessed: January 22, 2024].
- Morant, N., Kaminskiy, E. and Ramon, S. (2015) Shared decision making for psychiatric medication management: beyond the micro-social. Health Expectations, 19(5), pp.1002-1014.
- National Prescribing Centre (1999). Signposts for prescribing nurses: general principles of good prescribing. Prescribing Nurse Bulletin, 1 (10).
- Nuttall, D. and Rutt-Howard, J. (2020) The textbook of non-medical prescribing. Hoboken, NJ: Wiley.
- Overview: Depression in adults: Treatment and management: Guidance (no date) NICE. Available at: <https://www.nice.org.uk/guidance/ng222> (Accessed: January 22, 2024).
- Royal Pharmaceutical Society (2021) Prescribing competency framework, RPS landmark. Available at: <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework> (Accessed: 22 January 2024).
- Taylor, D., Barnes, T. and Young, A. (2021) The Maudsley Prescribing Guidelines In Psychiatry. 14th ed. Wiley Blackwell

### **Specific Websites to support medication choice and prescribing Information.**

- <https://www.lscft.nhs.uk/our-services/service-finder-z/medicines-management/joint-formulary-psychotropic-medication>
- <https://www.choiceandmedication.org/lancashirecaretrust/>



## 7.0 Implementation plan

Category	Action(s)	Target date	Responsible person
Engagement	<p>Circulate the MoU in communications across Lancashire &amp; South Cumbria including ICB and Training Hub Communications.</p> <p>LSCFT to share within the organization and with appropriate steering groups.</p>	May 2024	<p>Vicki Jordan ICB L&amp;SC Training Hub</p> <p>LSCFT NMP Lead</p>
Training	<p>Identify any additional training/CPD needs in 1-1s or PDRs or develop a Training Needs Analysis</p> <p>Ensure mandatory training requirements are up to date.</p>	Ongoing	Individual NMP responsibility
Other (e.g. resources)	Link with L&SC Training Hub/ICB/LSCFT offers for training/CPD.	Ongoing	Individual NMP responsibility