FORM GP10P(3)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under 12 yrs.

Yrs / Mths

Postcode

NHS SCOTLAND

Pharmacy Stamp

No. of Days Treatment

CHI No.

Dispensing Endorsements

Pack Size Numbers only

Pack Size Numbers only

Pack Size Numbers only

SUPPLEMENTARY PRESCRIBING: PHARMACIST PRACTITIONERS

A Guide for Implementation within NHSScotland

Signature of Pharmacist

Date

Scottish Executive Health Department

SCOTTISH EXECUTIVE

Please read notes overleaf and complete relevant parts.

02100210

SUPPLEMENTARY PRESCRIBING: PHARMACIST PRACTITIONERS

A Guide for Implementation within NHSScotland

© Crown copyright 2004

ISBN 0 7559 4116 0

Published by
Scottish Executive
St Andrew's House
Edinburgh

Produced for the Scottish Executive by Astron B34101 6-04

Further copies are available from
The Stationery Office Bookshop
71 Lothian Road
Edinburgh EH3 9AZ
Tel: 0870 606 55 66

The text pages of this document are produced from 100% elemental chlorine-free, environmentally-preferred material and are 100% recyclable.

SUPPLEMENTARY PRESCRIBING: PHARMACIST PRACTITIONERS

A Guide for Implementation within NHSScotland

Scottish Executive Health Department

CONTENTS

This guide has been prepared for:

- NHS Organisations
- Pharmacists
- Registered medical and dental practitioners
- Higher Educational Institutions providing pharmacist education
- Patient Groups

Copies of all or part of the guide may be reproduced at local level as required.

It might also be of interest to the Prison Healthcare Service, the Defence Medical Services and the independent healthcare sector.

It can be found on the Scottish Executive Health Department's website: www.show.scot.nhs.uk/sehd/. The website contains other detailed information on the prescribing and supply of medicines.

INTRODUCTION

1. The Scottish Executive's strategy document *The Right Medicine: A Strategy for Pharmaceutical Care in Scotland* encourages joint working between medical and pharmacist practitioners. Supplementary prescribing by pharmacists facilitates joint working, particularly between community pharmacists and GPs and hospital doctors and pharmacists by allowing registered medical and dental practitioners to better utilise pharmacists' expertise for the benefit of patients. This guide sets out the administrative and procedural steps needed to enable supplementary prescribing by pharmacists.

BACKGROUND

General

2. Medicines legislation permits the introduction of supplementary prescribing across the UK. Ministers in Scotland have decided that supplementary prescribing will be implemented in NHSScotland.

3. Supplementary prescribing has its basis in the recommendations of the final report of the *Review of Prescribing, Supply and Administration of Medicines* (1999), which recommended that two types of prescriber should be recognised:

   - the independent prescriber who would be responsible for the assessment of patients with undiagnosed conditions and for decisions about their clinical management, including prescribing; and
   - the dependent prescriber (now referred to as the supplementary prescriber) who would be responsible for the continuing care of patients who have been clinically assessed by an independent prescriber. This continuing care might include prescribing, which would usually be informed by clinical guidelines and be consistent with individual treatment plans, or continuing established treatments by issuing repeat prescriptions, with the authority to adjust the dose or dosage form according to the patients' needs. The *Review* recommended that there should be provision for regular clinical review by the assessing clinician.

4. On 4 May 2001, the Minister for Health and Community Care announced the Scottish Executive's intention to implement supplementary prescribing. This announcement followed the enactment of the Health and Social Care Bill. Ministers subsequently decided that the greatest benefit to the NHS and to patients would be the introduction of supplementary prescribing by nurses and pharmacists.

What is supplementary prescribing?

5. The working definition of supplementary prescribing is *"a voluntary partnership between an independent prescriber (who is a registered medical or dental practitioner) and a supplementary prescriber to implement an agreed patient-specific Clinical Management Plan with the patient's agreement".*

Legal basis of supplementary prescribing

6. Section 63 of the Health and Social Care Act 2001 enabled the Government to extend prescribing responsibilities to new groups of health professions. It also enabled the introduction of new types of prescriber, by allowing Ministers, by Order, to attach conditions to their prescribing. Section 42 (for England and Wales) and Section 44 (Scotland) also relate to dispensing by community pharmacists of prescriptions written by these new prescribers. Provisions in Northern Ireland are a matter for relevant NI legislation. Amendments to the Prescription Only Medicines (Human Use) Order 1997 and NHS regulations allow supplementary prescribing by suitably trained pharmacists and nurses.

Aims of supplementary prescribing

7. Supplementary prescribing is intended to encourage a team approach to the care and management of patients and to make the best use of the skills of trained healthcare professionals. This way of working for pharmacists in primary care will be underpinned through the introduction of a new General Pharmaceutical Services (GPS) contract throughout 2005/2006.

8. Supplementary prescribers prescribe in partnership with a registered medical or dental practitioner (the independent prescriber). They are able to prescribe all medicines with the current exceptions of Controlled Drugs,[1] unlicensed drugs, unless they are part of a clinical trial which has a clinical trial certificate or exemption, and any directions given by Scottish Ministers under Section 17N(6) of the Primary Medical Services (Scotland) Act 2004.[2] They may prescribe for the full range of medical conditions, provided that they do so under the terms of a patient-specific Clinical Management Plan (CMP). The CMP will be drawn up, with the patient's agreement, following diagnosis of the patient by the independent prescriber, and following consultation and agreement between the independent and supplementary prescribers.

---

[1] Subject to UK Parliamentary approval to the Home Office's Misuse of Drugs Regulations and to related amendments to NHS Regulations, nurses and pharmacists will be able to prescribe Controlled Drugs under a supplementary prescribing arrangement from summer 2004.

[2] 17N(6) A General Medical Services contract must contain provision requiring the contractor to comply with any directions given by the Scottish Ministers for the purposes of this section as to the drugs, medicines or other substances which may, or may not, be ordered for patients in the provision of Primary Medical Services under the contract.

HOW SUPPLEMENTARY PRESCRIBING WILL WORK

General principles

9. The independent prescriber **must** be a registered medical or dental practitioner. It is for the independent prescriber to determine which patients may benefit from supplementary prescribing and the medicines that may be prescribed by the supplementary prescriber under the CMP. When coming to a decision, the independent prescriber should involve the supplementary prescriber.

10. Supplementary prescribing is a partnership between the independent and the supplementary prescriber who, between them, should draw up and agree an individual CMP for the patient before supplementary prescribing begins. Sample draft templates are attached as Annexes B and C to this guide. These sample draft templates are not mandatory; they can be adapted/amended to suit local needs or, in some cases, it may be appropriate to develop CMPs from scratch. Detailed information on what should be included in the CMP is set out in paragraph 30.

11. In each case the independent and/or supplementary prescriber should obtain the patient's agreement to supplementary prescribing taking place and then discuss and agree the CMP for that particular patient. The independent and supplementary prescribers must agree how to maintain communication, and that communication must be maintained while the supplementary prescriber is reviewing and prescribing for the patient. Ideally, they should jointly carry out the formal clinical review at the agreed time – normally within 12 months from the start of the CMP. Periods longer than 12 months between joint clinical reviews or reviews by the independent prescriber may be acceptable where the patient's condition has been shown to be stable and is not expected to deteriorate during a period longer than 12 months. Longer periods between joint or independent prescriber clinical reviews is the responsibility of the independent prescriber, though it must be agreed with the supplementary prescriber. If a joint clinical review is not possible, the outcome of the clinical review by the independent prescriber needs to be discussed with the supplementary prescriber who must agree continuation of, or changes to, the CMP.

12. The independent prescriber should be the clinician responsible for the patient's care at the time that supplementary prescribing is to start. If this responsibility moves from one independent prescriber to another (for example from the patient's GP to a hospital consultant, or from one GP to another), the supplementary prescriber may **not** continue to prescribe, unless s/he negotiates and records in the patient record a new agreement to enter a prescribing partnership with the new independent prescriber. Supplementary prescribing partnerships involving more than one independent prescriber (e.g. shared-care arrangements) are referred to in paragraph 17 below.

Characteristics of supplementary prescribing

13. The key characteristics of supplementary prescribing are:

- It should only take place after assessment and diagnosis by an independent prescriber and the development of a written CMP agreed between the independent and supplementary prescriber.
- The independent prescriber is responsible for the diagnosis and setting the parameters of the CMP, although they need not personally draw it up.
- The supplementary prescriber has discretion in the choice of dosage, frequency, product and other variables in relation to medicines within the limits specified by the CMP. The CMP may include reference to recognised and authoritative clinical guidelines and guidance (local or national), whether written or electronic, as an alternative to listing medicines individually. Any guidelines referred to should be readily accessible to the supplementary prescriber when managing the patient's care.
- Supplementary prescribing requires to be supported by a regular clinical review of the patient's progress by the independent prescriber at pre-determined intervals appropriate to the patient's condition and the medicines to be prescribed. The intervals should normally be no longer than 12 months and much less if antibiotics are to be included in the CMP. However, longer periods during which the patient continues to be reviewed by the supplementary prescriber may be appropriate when the patient's condition is stable and is expected to continue to be stable.
- The independent prescriber may, *at any time*, review the patient's treatment and/or resume full responsibility for the patient's care.

14. The key to safe and effective supplementary prescribing is the relationship between the independent prescriber and the supplementary prescriber who:

- Should communicate.
- Share access to, consult, keep up to date, and use, the same common patient record.
- Share access to the same local or national guidelines or protocols, where these are referred to in the CMP.
- Agree and share a common understanding of, and access to, the written CMP.
- Ideally, jointly review the patient's progress at agreed intervals.

Responsibilities

15. The independent prescriber is responsible for:

- The initial clinical assessment of the patient, the formulation of the diagnosis and determining the scope of the CMP.

- Reaching an agreement with the supplementary prescriber about the limits of their responsibility for prescribing and review – which should be set out in the CMP.
- Providing advice and support to the supplementary prescriber as requested.
- Carrying out a review of the patient's progress at appropriate intervals, depending on the nature and stability of the patient's condition.
- Sharing the patient's record with the supplementary prescriber.
- Reporting adverse incidents within local risk management or clinical governance schemes. This is separate from Adverse Drug Reaction Reporting – see paragraph 44.

16. The supplementary prescriber is responsible for:

- Prescribing for the patient in accordance with the CMP. Altering the medicines prescribed within the limits set out in the CMP, if monitoring of the patient's progress indicates that this is clinically appropriate.
- Monitoring and assessing the patient's progress as appropriate to the patient's condition and the medicines prescribed.
- Working at all times within their clinical competence and their professional Code of Conduct, consulting the independent prescriber as necessary.
- Accepting professional accountability and clinical responsibility for their prescribing practice.
- Passing prescribing responsibility back to the independent prescriber if the agreed clinical reviews are not carried out within the specified interval (see paragraphs 11 and 13 above), or if they feel that the patient's condition no longer falls within their competence.
- Recording prescribing and monitoring activity in the shared patient record as soon as possible – ideally within 24 to 48 hours. Community pharmacists should make arrangements with the GP practice to allow the recording of relevant data.

Working together

17. Independent and supplementary prescribers require to work together and to assume the specific responsibilities listed above. They may work in more than one prescribing partnership, providing that in each case they work as described above.

The process

18. Before supplementary prescribing begins, the supplementary prescriber will need to:

- Complete successfully the specified training and preparation for supplementary prescribing, including all assessments and the period of learning in practice.
- Ensure that their supplementary prescribing competency is recorded on the Royal Pharmaceutical Society of Great Britain (RPSGB) professional register.

- Agree with the independent prescriber to enter into a prescribing partnership with them, record that agreement in the patient's record and agree access to an identified budget to meet the cost of their prescriptions.
- Agree the CMP for the patient with the independent prescriber.
- Make arrangements with their NHS organisation and/or the independent prescriber for access to prescription pads or other mechanisms for prescribing which are appropriate to the setting, for example, patients' drug charts in hospitals.
- Reach agreement with their NHS organisation that supplementary prescribing should form part of their professional responsibilities.

Conditions and health needs that can be included

19. There are no legal restrictions on the clinical conditions that supplementary prescribers may treat. Supplementary prescribing is primarily intended for use in managing specific chronic medical conditions or health needs affecting the patient. However, acute episodes occurring within chronic conditions may be included in these arrangements, provided they are included in the CMP.

Patient consent

20. Wherever it is proposed to manage a patient's condition through the use of supplementary prescribing, the principle underlying the concept of supplementary prescribing (i.e. a prescribing partnership) requires to be explained in advance to the patient by the independent or supplementary prescriber and the patient's agreement must be obtained. That agreement should be recorded in the CMP and patient record.

Which pharmacists can be supplementary prescribers?

21. A pharmacist supplementary prescriber must be a pharmacist whose name is held on the RPSGB professional register, with an annotation signifying s/he has completed successfully an approved programme of preparation for supplementary prescribing.

22. Only education programmes that meet the standards set by the RPSGB and approved by NHS Education for Scotland (NES) can lead to annotation on the professional register. Guidance from NES on the relevant education programmes in Scotland is available via the NES website: www.nes.scot.nhs.uk

TRAINING AND PREPARATION FOR SUPPLEMENTARY PRESCRIBING

Preparation for supplementary prescribing

23. In October 2002, the RPSGB endorsed a curriculum for pharmacists to become supplementary prescribers. The outline curriculum (which will be subject to review) is attached as Annex A and can be found on the Society's website www.rpsgb.org.uk. The RPSGB is responsible for accrediting courses provided by Higher Education Institutions.

24. NES is responsible for quality assuring the specific programmes that Higher Education Institutions put forward for approval. **Only NES approved programmes of preparation for pharmacist supplementary prescribing will be accepted by the RPSGB when recording a pharmacist's qualification**. Higher Education Institutions offering the specific programme of preparation may accredit a pharmacist's prior learning in prescribing. In Scotland, supplementary prescribing training courses are available through the Schools of Pharmacy at The Robert Gordon University, Aberdeen and the University of Strathclyde.

25. Pharmacists preparing to be supplementary prescribers will undertake a specific programme of preparation. This programme currently comprises of at least the equivalent of 25 days with a Higher Education Institution plus at least 12 days "learning in practice", during which a designated supervising medical practitioner will provide the student with supervision, support and opportunities to develop competence in prescribing practice. The pharmacist will also need to undertake an element of self-directed learning.

26. The training programme includes an assessment of theory and practice that must be passed by pharmacists before the RPSGB register can be annotated to show that they hold the prescribing qualification for supplementary prescribing.

Continuing Professional Development (CPD)

27. All pharmacists have a professional responsibility to keep themselves abreast of clinical and professional developments. Supplementary prescribers will be expected to keep up to date with best practice in the management of conditions for which they may prescribe. The outline curriculum for pharmacists (Annex A) states that pharmacists who register as supplementary prescribers will need to demonstrate evidence of relevant CPD to ensure that their prescribing skills are kept up to date and are extended as their prescribing role develops.

EVALUATION AUDIT AND CLINICAL GOVERNANCE OF SUPPLEMENTARY PRESCRIBING

28. Supplementary prescribing needs to take place within a framework of clinical governance and the RPSGB has developed guidance on clinical governance for supplementary prescribing see www.rpsgb.org.uk. Peer review sessions provide an excellent opportunity for reflection on prescribing, as well as other aspects of practice.

29. As is required by other NHS prescribers, supplementary prescribers should ensure that there are measures in place to evaluate the safety, effectiveness, appropriateness and acceptability of their prescribing within the clinical governance requirements of the NHS.

THE CLINICAL MANAGEMENT PLAN (CMP)

30. The Clinical Management Plan (CMP) is the foundation stone of supplementary prescribing. *Before* supplementary prescribing can take place, it is *obligatory* for an agreed CMP to be in place (written or electronic) relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient record. Regulations specify that the CMP must include the following:

- The name of the patient to whom the plan relates.
- The illnesses or conditions which may be treated by the supplementary prescriber.
- The date on which the plan is to take effect, and when it is to be reviewed by the doctor or dentist who is party to the plan.
- Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan.
- Any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan.

NB: The CMP may include a reference to published national or local guidelines. However, these must identify clearly **the range of the relevant medicinal products to be used in the treatment of the patient, and the CMP should draw attention to the relevant part of the guideline. The guidelines also need to be easily accessible.**

- Relevant warnings about known sensitivities of the patient to, or known difficulties of the patient with, particular medicines or appliances.
- The arrangements for notification of:

  a) suspected or known reactions to any medicine which may be prescribed or administered under the plan, and suspected or known adverse reactions to

any other medicine taken at the same time as any medicine prescribed or administered under the plan (see paragraph 44 about Adverse Drug Reaction Reporting); and

b) incidents occurring with the appliance which might lead, might have led or has led to the death or serious deterioration of state of health of the patient.

- The circumstances in which the supplementary prescriber should refer to, or seek the advice of, the registered medical or dental practitioner who is party to the plan.

31. The CMP should be kept as simple as possible. It can be paper-based or electronic. As explained above, it may refer to national or local evidence-based guidelines to identify the medicines that are to be prescribed, or circumstances in which dosage, frequency or formulation should be changed. There is no need to repeat the advice in these guidelines in the body of the CMP itself, nor need the CMP repeat detailed patient information that is contained in the patient's record shared by both prescribers, unless such information is essential for clarity and patient safety.

32. Following diagnosis by the independent prescriber, the independent and supplementary prescribers may need to discuss the CMP before the document itself is prepared. Either the independent or supplementary prescriber may draft the CMP; however, both must formally agree the CMP before supplementary prescribing can begin. The agreement of the patient requires to be sought, and that agreement recorded in the CMP. Without it, supplementary prescribing cannot proceed.

33. The independent and supplementary prescribers must share access to, consult and use, the same common patient record. Shared electronic records are ideal, but existing paper records or patient-held records can also be used. The CMP may need to contain different levels of detail if the independent and supplementary prescribers work in different locations, for example, a pharmacist located in a community pharmacy. Templates for CMPs can be found at Annexes B and C to this document, and have been posted on the Scottish Executive Health Department website: www.show.scot.nhs.uk/sehd/nurseprescribing. The website will be updated as appropriate with advice on producing CMPs and other practical aspects of setting up a supplementary prescribing partnership.

34. The CMP comes to an end:

- At any time at the discretion of the independent prescriber.
- At the request of the supplementary prescriber or the patient.
- At the time specified for the review of the patient (unless it is renewed by both prescribers at that time).
- Where there is a sole independent prescriber and s/he is replaced for whatever reason. In these circumstances the CMP **must** be reviewed by their successor.

MEDICINES PRESCRIBABLE UNDER SUPPLEMENTARY PRESCRIBING ARRANGEMENTS

35. The CMP may include any General Sales List, Pharmacy, or Prescription Only Medicine prescribable at NHS expense, with the current exception of Controlled Drugs.* This means supplementary prescribers can prescribe:

- Antimicrobials.
- "Black triangle" drugs and those products suggested by the British National Formulary to be "less suitable" for prescribing.
- Products used outside their licensed indications (i.e. "off-label" use), provided that the product is licensed for use in the UK. Such use must have the joint agreement of both prescribers and the status of the drug should be recorded in the CMP.

N.B.–Unlicensed drugs (that is, a product that is not licensed in the UK) may be included in the CMP only where:

a) a clinical trial is being undertaken under a clinical trials certificate or an exemption; and

b) their use has the joint agreement of both prescribers and the status of the drug is recorded in the CMP.

THE PATIENT REVIEW

36. The patient review should take place after the interval stated in the CMP. This may be a joint review by both prescribers. Where this is not possible, the independent prescriber should review the patient and, subsequently, discuss future management of the patient's condition(s) with the supplementary prescriber. In order for the CMP to remain valid, both prescribers are required to record their agreement to the continuing or amended CMP, and the patient's agreement to the continuation of the supplementary prescribing arrangement. They should then set a new review date. Prescribing by the supplementary prescriber should not normally continue after the review date or without agreement to the next phase of the CMP.

GOOD PRACTICE, ETHICS AND ISSUES COMMON TO ALL SUPPLEMENTARY PRESCRIBERS

Stock items

37. In primary care settings, prescriptions should not be written when an item has been administered to a patient using GP surgery or clinic stock items. The cost of these items is already covered through the GP10A stock order system.

---

* Subject to UK Parliamentary approval to changes to the Home Office's Misuse of Drugs Regulations and to related amendments to NHS Regulations, nurses and pharmacists will be able to prescribe Controlled Drugs under a supplementary prescribing arrangement from summer 2004.

Informing patients

38. Supplementary prescribers are required to ensure that patients are aware of the scope and limits of supplementary prescribing and how they can obtain other items necessary for their care.

Prescribing for self, family and friends

39. This is a matter for the independent and supplementary prescribers to decide when setting up the CMP. However, it is strongly recommended that (as for doctors and dentists) pharmacist supplementary prescribers should, wherever possible, not be placed in the position of prescribing for close family members as judgement may be impaired and important clinical examination may be difficult/impossible. They should not prescribe for themselves.

PATIENT RECORDS

40. Pharmacist supplementary prescribers are required to keep records of their consultations with patients. Whilst it is for the practitioner to determine the content of that record, it is recommended that, as a minimum, the date, name of prescriber, item prescribed, quantity prescribed (or dose, frequency and treatment duration), should be recorded.

41. Information on prescribing and any other relevant details resulting from a patient consultation with a supplementary prescriber must be entered into the record shared with the independent prescriber. It is good practice to enter prescription and other relevant information in the shared record within 24-48 hours and, in some circumstances, it may be necessary to advise the independent prescriber immediately about a prescription. This action should be recorded in the shared record.

42. The method of recording should not be an obstruction to the objective of joint working between supplementary and independent prescribers.

43. In the future it is likely that the shared patient record will be electronic. The Scottish Executive is presently engaged in connecting all community pharmacies to the NHSnet. This will facilitate shared electronic records, although paper records can also be used. At present, however, communication between both prescribers and maintaining the shared patient record is a matter of agreement between the independent and supplementary prescribers. Community pharmacists and registered medical and dental practitioners are encouraged to explore ways of satisfying these requirements.

ADVERSE REACTION REPORTING

44. If a patient suffers a suspected adverse reaction to a medicine (including a General Sales List or herbal medicine), the adverse reaction should be reported via the Yellow Card Scheme. The Yellow Card Scheme is a voluntary scheme whereby

certain healthcare professionals notify the Medicines and Healthcare products Regulatory Agency (MHRA)/Committee on Safety of Medicines (CSM) of suspected adverse drug reactions (ADRs). The MHRA/CSM encourage the reporting of all suspected adverse drug reactions to newly-licensed medicines that are under intensive monitoring (identified by a ▼ symbol both on the product information for the drug and in the BNF and MIMS) and all serious suspected adverse drug reactions to all other established drugs. Serious reactions include those that are fatal, life threatening, disabling, incapacitating or which result in or prolong hospitalisation and/or are medically significant. The new electronic Yellow Card provides a simple and fast way to report suspected adverse reactions. The electronic Yellow Card, together with instructions on how to use it, is available on the MHRA website (www.mhra.gov.uk). Health professionals are encouraged to report all suspected adverse drug reactions using this method, although hard copy Yellow Cards are also acceptable (and can be found bound to the back of the British National Formulary). In Scotland, Yellow Cards should be sent to CSM Scotland, CARDS, FREEPOST NAT3271, Edinburgh EH3 0BR. The supplementary prescriber should also inform the independent prescriber of any reported ADRs.

45. The bulletin *Current Problems In Pharmacovigilance*, issued by the MHRA and the CSM, contains advice and information on drug safety issues. The bulletin is produced four times a year. All supplementary prescribers are encouraged to consult the bulletin as a matter of routine. Copies are also available from the CSM's website, which can be found on www.mhra.gov.uk

Role of the National Patient Safety Agency

46. If a patient suffers harm due to an adverse incident involving medication, or if harm could have been caused to the patient (a near miss), the incident or near miss should be reported by the supplementary prescriber using both local and national reporting systems. The National Patient Safety Agency (NPSA) was established in England in 2001 to improve the safety of NHS patient care by promoting a culture of reporting and learning from adverse incidents across the NHS. The NPSA information is shared with devolved health services. NHS Quality Improvement Scotland has been asked to develop proposals to improve patient safety in NHSScotland, including how we might benefit from the work of the NPSA. Information about the work of the NPSA can be found on its website www.npsa.nhs.uk

LEGAL AND CLINICAL LIABILITY

47. Pharmacist supplementary prescribers should ensure that they have appropriate indemnity insurance, both through their employer and personal indemnity insurance.

DISPENSING OF PRESCRIBED ITEMS

48. The dispensing pharmacist or dispensing doctor must satisfy themselves that the prescription handed in for dispensing is bona fide. NHS organisations should keep a list of all supplementary prescribers in their area. In addition, dispensing doctors should ensure that the prescription is for one of their own dispensing patients.

PRESCRIBING INFORMATION

49. The Healthcare Information Group (HIG) (formerly known as the Primary Care Information Group) within the Information Services Division (ISD) provides information on prescribed items and costs to NHS organisations in the form of routine reports and in response to *ad hoc* requests. Supplementary prescribers can expect to receive information via their NHS organisation which will help monitor their prescribing. Requests for information should be made on headed note paper by the prescriber's NHS employer and sent to the following address:

    Healthcare Information Group

    Information and Statistics Division

    Gyle Square

    1 South Gyle Crescent

    Edinburgh

    EH12 9EB

ANNEX A

Royal Pharmaceutical Society of Great Britain

Outline Curriculum for Training Programmes to Prepare Pharmacist Supplementary Prescribers

Introduction and Background

This curriculum contains the specification for programmes of study to prepare pharmacists to register as supplementary prescribers. It builds on the strengths in theoretical and applied therapeutics which pharmacists acquire from their initial training and through experience in practice. From the summer of 2002, newly-registered pharmacists will have been educated on a four-year degree programme to "Master's" level. Undergraduate education and training programmes give pharmacists a strong foundation in pharmacodynamics, pharmacology, pharmacokinetics and toxicity of medicines, and how they may be used to prevent and treat illness, relieve symptoms or assist in the diagnosis of disease. This is underpinned by knowledge of the law relating to pharmacy and medicines and its application together with supervised experience of working with patients. Once qualified, many pharmacists undertake additional postgraduate clinical training at Masters level.

The level of relevant knowledge and expertise of pharmacists entering a training programme will depend on the nature of their practice and the length of their experience. The design and delivery of programmes will need to take account of the range of pharmacists' background expertise, experience and skills and will be expected to confirm their competence in prescribing through appropriate assessment strategies.

The Royal Pharmaceutical Society's Code of Ethics and Standards requires that pharmacists ensure that their knowledge, skills and performance are of a high quality, up to date, evidence-based and relevant to their field of practice. Pharmacists who register as Supplementary Prescribers will need to demonstrate evidence of relevant Continuing Professional Development to ensure that their prescribing skills are kept up to date and are extended as their prescribing role develops.

ENTRY REQUIREMENTS

All entrants to this education programme must meet the following requirements:

- Current registration with RPSGB &/or PSNI
- Support from the sponsoring organisation, e.g. a primary care organisation or NHS Trust, including confirmation that the entrant will have appropriate supervised practice in the clinical area in which they are expected to prescribe and that there is an identified service need for this extension of role.

- Have a named medical practitioner, recognised by the employing/Health Service commissioning organisation, (a) as having experience in a relevant field of practice, (b) training and experience in the supervision, support and assessment of trainees, (c) who has agreed to:
  - provide the student with opportunities to develop competencies in prescribing;
  - supervise, support and assess the student during their clinical placement.

Pharmacists would normally be expected to complete the full training programme. All candidates, however, would be required to complete all assessments, including satisfactory completion of the period of learning in practice.

AIM

To prepare pharmacists to practise as supplementary prescribers and to meet the standards set by the Royal Pharmaceutical Society of Great Britain.

LEARNING OUTCOMES

By the end of the training programme, pharmacists will be able to:

- Develop an effective relationship with the Independent Prescriber, patient and wider care team.
- Demonstrate their ability to communicate and consult effectively with patients and carers.
- Demonstrate their ability to conduct a relevant physical examination of patients with those conditions for which they may prescribe.
- Demonstrate the ability to monitor response to therapy and modify treatment or refer the patient as appropriate.
- Demonstrate how to assess patients' needs for medicines, taking account of their wishes and values in prescribing decisions.
- Demonstrate how they will prescribe safely, appropriately, clinically and cost-effectively.
- Identify sources of information, advice and decision support and explain how they will use them in prescribing practice taking into account evidence-based practice and national/local guidelines.
- Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.
- Develop and document a clinical management plan within the context of a prescribing partnership.
- Demonstrate an understanding of the legal and professional framework for accountability and responsibility in relation to supplementary prescribing.
- Demonstrate a reflective approach to continuing professional development of prescribing practice.

INDICATIVE CONTENT

It is expected that education providers will use the indicative content to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.

Consultation and decision-making

- Accurate and effective communication and consultation with professionals, patients and their carers.
- Building and maintaining an effective relationship with patients, parents and carers taking into account their values and beliefs.
- Understands own limitations.
- A knowledge of the range of models of consultation and their applications.
- Development and documentation of a clinical management plan including referral to the independent prescriber and other professionals.
- Principles of diagnosis and the concept of a working diagnosis.
- Management options including non-drug treatment.

Influences on, and psychology of, prescribing

- Patient demand versus patient need, including partnership in medicine-taking, awareness of cultural and ethnic needs.
- External influences, at individual, local and national levels.
- Awareness of own personal attitude and its influence on prescribing practice.

Prescribing in a team context

- The role and functions of other team members.
- The responsibility of the supplementary prescriber in developing and delivering the clinical management plan.
- The professional relationship between independent and supplementary prescribers and those responsible for dispensing.
- Documentation and the purpose of records in communicating prescribing decisions to other members of the team.
- Structure, content and interpretation of medical records/clinical notes including electronic health records.
- Interface between multiple prescribers and the management of potential conflict.
- The framework for prescribing budgets and cost-effective prescribing.

Update on relevant aspects of basic and applied therapeutics

- Clinical pharmacology.
- Basic principles of drug handling – absorption, distribution, metabolism and excretion.

- Pharmacodynamics and pharmacokinetics.
- Changes in physiology and drug response, for example the elderly, young, pregnant or breastfeeding women and ethnicity.
- Adverse drug reactions and interactions.
- Pathophysiology of defined conditions for which the pharmacist may prescribe.
- Selection of drug regimen.
- Natural history and progression of defined conditions.
- Impact of co-morbidities on prescribing and patient management.

Principles and methods of monitoring

- Principles and methods of patient monitoring.
- Chemical and biochemical methods for monitoring the treatment of the conditions for which the pharmacist may prescribe.
- Physical examination skills relevant to the conditions for which the pharmacist may prescribe.
- Assessing responses to treatment against the objectives of the clinical management plan.
- Working knowledge of any monitoring equipment used within the context of the clinical management plan.
- Patient compliance.
- Identifying and reporting adverse drug reactions.

Evidence-based practice and clinical governance in relation to supplementary prescribing

- The rationale for national and local guidelines, protocols, policies, decision support systems and formularies – understanding the implications of adherence to, and deviation from, such guidance.
- Supplementary prescribing in the context of the local health economy, e.g. application of local priorities to supplementary prescribing, prescribing guidance produced by PCT prescribing forum, health economy Area Prescribing Committees and priorities for health improvement.
- Principles of evidence-based practice and critical appraisal skills.
- Reflective practice and continuing professional development – role of self and organisation.
- Auditing, monitoring and evaluating prescribing practice.
- Risk assessment and risk management.
- Audit and systems monitoring.
- Analysis and learning from medication errors and near misses.

Legal, policy, professional and ethical aspects

- Policy context for prescribing.
- RPSGB Code of Ethics and Practice Guidance.
- Legal basis for prescribing, supply and administration of medicines.
- Medicines regulatory framework including Marketing Authorisation, the use of unlicensed medicines and "off-label" use.
- Application of the law in practice, professional judgement, liability and indemnity.
- Maintenance of professional knowledge and competence in relation to the conditions for which the pharmacist may prescribe.
- Accountability and responsibility as a supplementary prescriber.
- Accountability and responsibility to the employer or commissioning organisation, awareness of local complaints procedures.
- Informed consent.
- Prescription pad security and procedures when pads are lost or stolen.
- Writing prescriptions.
- Record-keeping, documentation and professional responsibility.
- Confidentiality, Caldicott and Data Protection.
- Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and "whistle blowing" procedures.

Prescribing in the public health context

- Duty to patients and society.
- Public health policies, for example the use of antibiotics.
- Inappropriate use of medicines including misuse, under-and over-use.
- Inappropriate prescribing, over-and under-prescribing.

TEACHING, LEARNING AND SUPPORT STRATEGIES

Teaching and learning strategies need to recognise:

- the background knowledge and experience of pharmacists in all aspects of medicines, working with patients and the law relating to pharmacy and that this will vary between individuals;
- the requirement for a pharmacist to become familiar with the specified conditions for which they may prescribe and that some individual directed study may be necessary to achieve this;
- the value added to learning by group work and multi-disciplinary learning experiences with other trainee supplementary prescribers;

- the value of case studies and significant event analysis in the learning process;
- the need to encourage development of critical thinking skills and reflective practice and the maintenance of CPD records.

Period of learning in practice

The sponsoring organisation, e.g. a primary care organisation or NHS Trust, and the education provider must ensure that the designated medical practitioner who provides supervision, support and shadowing opportunities for the student is familiar with the requirements of the programme and the need to achieve the learning outcomes. In particular, this element of the programme should ensure that:

- The pharmacist becomes competent in the relevant physical examination of patients with those conditions for which they may prescribe.
- The pharmacist is able to monitor and assess the responses of patients to treatment against the objectives in the clinical management plan.
- The pharmacist demonstrates effective communication with the patient, the independent prescriber and the wider care team.
- The pharmacist keeps adequate records of their prescribing practice.
- The pharmacist demonstrates and documents their professional development as a supplementary prescriber.

ASSESSMENT STRATEGIES

The assessment requirements must be made explicit, in particular the criteria for pass/fail and the details of the marking scheme.

Assessment should test all aspects of supplementary prescribing, both theory and practice. The learning outcomes should be assessed by a combination of methods to test knowledge, skills and a reflective approach to the continuing professional development of prescribing practice (e.g. by written examination, OSCE, reflective journal). Each student should maintain a portfolio of assessment and achievement of the stated learning outcomes.

The assessment strategies should test:

a) Knowledge and skills relevant to supplementary prescribing.

b) Ability to work with patients and make prescribing decisions.

c) Ability to conduct the relevant physical examination of patients for whom they can prescribe.

d) A reflective approach to learning and CPD as a supplementary prescriber.

e) Satisfactory completion of the period of practice experience.*

*Completion of the programme and confirmation of an award must be conditional on satisfactory completion of the practice experience. Poor performance in this element must not be compensated by other elements of the assessment.

LENGTH OF PROGRAMME

The duration of the programme is expected to be at least 25 days, of which a substantial proportion will be face-to-face contact time. Other ways of learning, such as open learning formats will be considered. In finalising programme requirements for this curriculum, the following factors will be taken into account:

- The views of education providers on a realistic programme length to deliver the curriculum effectively over a period of three to six months. Current practice in training nurse prescribers is approximately 27 days contact time over six months plus the equivalent of one day per week learning in practice. A total of approximately 37 days.
- The compatibility of programmes for nurses, pharmacists and supplementary prescribers from other disciplines so that at least some of the learning experiences are shared.
- The need for programmes for pharmacists to contain an element of directed private study on the defined conditions for which they will be expected to prescribe treatments.
- The period of learning in practice for an individual pharmacist should be sufficiently long to enable the pharmacist to become competent in the skills of supplementary prescribing practice and in no case should it be less than 12 days.

November 2002

ANNEX B

Example

TEMPLATE CMP 1
(For teams with full coterminus access to patient records)

Name of patient			Patient medication sensitivities/allergies	
Patient identification, e.g. CHI number, date of birth				
Independent prescriber(s)			Supplementary prescriber(s)	
Condition(s) to be treated			Aim of treatment	
Medicines that may be prescribed by SP:				
Preparation	Indication	Dose schedule	Specific indications for referral back to the IP	
Guidelines or protocols supporting Clinical Management Plan:				
Frequency of review and monitoring by:				
Supplementary prescriber		Supplementary prescriber and independent prescriber		
Process for reporting ADRs				
Shared record to be used by IP and SP				
Agreed by independent prescriber(s)	Date	Agreed by supplementary prescriber(s)	Date	Date agreed with patient/carer

ANNEX C

Example

TEMPLATE CMP 2
(For teams where the SP does not have coterminus access to the medical record)

Name of patient			Patient medication sensitivities/allergies	
Patient identification, e.g. CHI number, date of birth				
Current medication			Medical history	
Independent prescriber(s) Contact details: (tel/email/address)			Supplementary prescriber(s) Contact details: (tel/email/address)	
Condition(s) to be treated			Aim of treatment	
Medicines that may be prescribed by SP				
Preparation	Indication	Dose schedule	Specific indications for referral back to the IP	
Guidelines or protocols supporting Clinical Management Plan				
Frequency of review and monitoring by				
Independent prescriber	Supplementary prescriber and independent prescriber			
Process for reporting ADRs				
Shared record to be used by IP and SP				
Agreed by independent prescriber(s)	Date	Agreed by supplementary prescriber(s)	Date	Date agreed with patient/carer

ANNEX D

Supplementary Prescribing: Pharmacist Practitioners

A Guide for Implementation within NHSScotland

PART 1: REGISTRATION

1. Pharmacist supplementary prescribers working in the NHS Primary Care sector must be registered[1] with the Healthcare Information Group (HIG) of the Common Services Agency. Form ISD (P) 2 (see Appendix 1) entitled "Supplementary Prescriber: Community Pharmacist Practitioner – Registration or Change of Circumstances" should be completed by the Chief Pharmacist and forwarded to HIG. **For supplementary prescribers working across more than one GP practice, it is necessary to complete one form per practice.** Form ISD (P) 2 should also be used to notify HIG of any new or changed circumstances (e.g. change of name) for all supplementary pharmacist prescribers.

2. Pharmacist supplementary prescribers working in the NHS Primary Care sector other than as community pharmacists must also register with HIG. They will use the same prescription stationery as community pharmacists.

3. On receipt of Form ISD (P) 2, HIG will allocate a unique "prescriber code" linking supplementary prescribers to each appropriate GP practice or practices and the form will then be returned to the Chief Pharmacist.

Changes to Prescriber Details

4. It is the responsibility of NHS organisations to notify HIG without delay of all relevant changes to prescriber details, e.g. change of name. Form ISD (P) 2 should also be used for this purpose. No change can be made to prescription stationery until formal notification is received.

5. Any changes to prescriber details should be passed to the relevant NHS organisation administrator within 48 hours (excluding weekends or Bank Holidays).

6. Form ISD (P) 2 should be sent by post to Healthcare Information Group, Information Services Division, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB.

[1] Paragraph 8 of Schedule 2 to the NHS Act 1990.

Prescriber Ceases Employment/Prescribing

7. HIG must be advised immediately if a registered supplementary prescriber stops prescribing, together with the reason why, e.g. because s/he has changed employer, retired, resigned, been suspended from the register or had her/his approval as a prescriber withdrawn.

8. In this situation, prescription stationery should be retrieved from the prescriber as a matter of urgency, and disposed of in accordance with the procedure outlined in Part 2 paragraph 22.

9. Notification is also required where the prescriber's employer is contracted to provide services for other commissioning organisations. See also Part 2 paragraph 19 – "Non-NHS Employees".

10. Employers should annotate their lists of supplementary prescribers with the reasons for any changes to ensure that an up to date record exists.

PART 2: PRESCRIPTION STATIONERY

Supplementary Prescriber: Community Pharmacist Practitioners

11. Pharmacists working in primary care settings will prescribe using a GP10P (copy attached at Appendix 4). The GP10P will be pre-printed with the prescriber's name, RPSGB registration number, GP practice address, contact telephone number and the prescriber code for their "principal prescribing practice" – see paragraph 12 below.

12. Pharmacists who prescribe across more than one GP practice will be supplied with two different types of GP10P prescription pads. Where pharmacists have a "principal prescribing practice", i.e. a practice for whose patients they will write the greatest number of prescriptions, pads will be pre-printed with all the details described above.

13. Prescription pads for patients registered with any other GP practice will be pre-printed with the supplementary prescriber's name, NHS organisation address, RPSGB registration number and contact telephone number. Supplementary Prescribers will need to write the appropriate prescriber code on each prescription form. (See Appendix 5.)

Ordering GP10P Stationery

14. On receipt of form (ISD) (P) 2 from HIG, the Chief Pharmacist will order a supply of stationery for the supplementary prescriber using form PSD 3 (Appendix 2). Completed forms should be sent to Practitioner Services Division, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB.

Supplementary Prescriber: Hospital Pharmacist Practitioner

15. Prescriptions can be written for hospital inpatients or outpatients using:

- Hospital inpatient prescription forms or sheets – used for inpatients and discharge supplies only.
- Internal hospital prescription forms – used for outpatients in cases where the hospital pharmacy dispenses the prescription.
- HBPP prescription forms, used for prescriptions written by a hospital prescriber for dispensing by a community pharmacist.

Ordering HBPP Stationery

16. Once registered with the RPSGB as a supplementary prescriber, his/her Chief Pharmacist will order a stamp containing the following information:

- Pharmacist Supplementary Prescriber
- RPSGB registration number
- Contact address and telephone number
- Hospital/Department prescriber code.

17. The Chief Pharmacist will also order HBPP forms by completing PSD 4 (see Appendix 3) and forwarding it to Practitioner Services Division, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB. Each prescription form will have to be stamped with the above information before use. No prescriber details are pre-printed on HBPP forms therefore there is no requirement to notify HIG of changes to the details of hospital-based pharmacist supplementary prescribers. (See Appendix 6.)

General Administrative Arrangements

18. Stationery supplies for NHS prescribers are normally ordered as required. Practitioner Services Division, with help from NHS organisations, carry out a review of current prescribers. In order to avoid errors the PSD Master List should be updated electronically.

Non-NHS Employees

19. A non-NHS supplementary prescriber **cannot** prescribe using GP10P or HBPP prescription forms **unless** the organisation they work for has an arrangement/contract with an NHS provider which allows the non-NHS organisation to use NHS community pharmacy dispensing services. In these circumstances, the NHS provider should organise the supply of NHS prescription forms (and obtain from HIG the relevant prescribing code(s)) for the non-NHS organisation.

Prescription Forms Ordered but not Delivered

20. Practitioner Services Division should be informed about prescription stationery ordered but not delivered by contacting:

    Practitioner Services Division
    Gyle Square
    1 South Gyle Crescent
    Edinburgh
    EH12 9EB
    Tel: 0131 275 6401
    Fax: 0131 275 7266

Security and Safe Handling of Prescription Forms: Good Practice

21. The security of prescription forms is the responsibility of both the NHS organisation and the supplementary prescriber. Local policy should be established on monitoring the use of prescription forms to deter theft and fraudulent use. NHS organisations should record the serial numbers of prescriptions issued to each supplementary prescriber and to surgeries, clinics, etc. It is also advisable to hold minimal stocks of prescription stationery as this reduces the number of forms vulnerable to theft and, as prescription stationery is normally revised annually, helps to keep stocks up to date.

22. It is the responsibility of the NHS organisation to:

    - Recover and record all unused prescription forms relating to supplementary prescribers who leave their employment for whatever reason.
    - Send retrieved pads to stores with a list of serial numbers.
    - Destroy retrieved pads securely by, e.g. shredding and placing in confidential waste.
    - Record the first and last serial numbers of the pads destroyed.
    - Ensure that no further prescription pads are ordered for a supplementary prescriber who has left their employment or who has been suspended from prescribing duties.

23. Each supplementary prescriber should keep a record of the serial numbers of prescriptions issued to him or her. The first and last serial numbers on each pad should be recorded. It is also good practice to record the number of the next unused prescription form on an in-use pad at the end of the working day. Such steps help to identify any forms that are lost or stolen.

24. Blank prescription forms must **never** be pre-signed and prescription pads should never be left unattended. In addition, prescription forms should not be left on a desk but placed in a locked drawer and produced when needed. Best practice is to return all unused forms to stock at the end of the session or day. Prescription pads are less likely to be stolen from (locked) secure stationery cupboards than from desks, bags or cars.

Primary Care Sector

25. Prescribers working in primary care should report a suspected loss or theft of prescription stationery to the Primary Care Manager as soon as the theft/loss is discovered. They should report the approximate number of prescription forms lost/stolen, their serial numbers and where and when they were lost or stolen. The Primary Care Manager should notify immediately the Fraud Liaison Officer (FLO) who is responsible for informing local pharmacists and deciding on the action to be taken. The FLO should also notify:

Counter Fraud Services
Stevenson House
555 Gorgie Road
Edinburgh
EH11 3LG
Tel: 0131 536 5252
Fax: 0131 536 5255
Email: gail.tait@psd.csa.scot.nhs.uk

who maintain a database of lost/stolen prescription forms.

26. Following a loss of prescription stationery, the prescriber concerned will be asked to write and sign all prescription forms in a particular colour (usually red) for a period of two months. The NHS organisation will inform all community pharmacies in their area and adjacent NHS areas of the name and address of the prescriber concerned, the approximate number of prescription forms lost/stolen and the period for which the prescriber will write in a specific colour. This advice will normally be put in writing within 24 hours, excepting weekends.

Hospital Sector

27. An acute sector employed supplementary prescriber should report immediately a suspected loss or theft of prescription forms to whoever issued the forms (normally the hospital pharmacy) and the local fraud specialist. The prescriber should give details of the number of prescription forms lost/stolen, their serial numbers, and where and when they were lost/stolen. Thereafter hospital-based prescribers should follow local instructions following the loss or theft of a particular colour (usually red) for a period of two months.

N.B.–All of the above requirements highlight the need for clear channels of communication.

Appendix 1

Form: ISD (P) 2

SUPPLEMENTARY PRESCRIBER: COMMUNITY PHARMACIST PRACTITIONER REGISTRATION OR CHANGE OF CIRCUMSTANCES

Return form to: ***Healthcare Information Group, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB***

Please tick appropriate box;

☐	New supplementary prescriber	**(Complete all sections)**
☐	Change of name	**(Complete sections A, B and D)**
☐	Supplementary prescribing activity ends	**(Complete all sections)**
☐	Additional medical practice	**(Complete all sections)**
☐	Change of medical practice	**(Complete all sections)**

Supplementary prescribers working across more than one GP practice must fill in one form for each practice.

SECTION A: Prescriber Details

		New Prescriber Registration	Change of Circumstances
1	Surname		
2	Forename and Initials		
3	Job Title		
4	RPSGB registration number		
5	Unique Prescriber Code		
6	Supplementary prescribing planned start date		
7	Supplementary prescribing end date		

SECTION B: GP Practice Details

		New Prescriber Registration	Change of Circumstances
1	Practice Code or Code of Senior GP		
2	Senior GP name		
3	Practice Address		

4 Is this the supplementary prescriber's principal prescribing practice i.e. the practice where the majority of patients for whom they prescribe are registered? **YES/NO**

Please continue overleaf

PWI02909

SECTION C: NHS Organisation Details

	New Prescriber Registration	Change of Circumstances
1 NHS organisation		
2 Address		

SECTION D: To be completed by Chief Pharmacist notifying registration:

Name (capital letters please) .....

Telephone number: .....

Address: .....

.....

.....

.....

Signature: .....

Date: .....

HIG use only	Prescriber code:	Date issued:

Appendix 2

Form: PSD 3

SUPPLEMENTARY PRESCRIBER: COMMUNITY PHARMACIST PRACTITIONER ORDER FORM for GP10P

Form to be completed by Chief Pharmacist and returned to:

Practitioner Services Division, Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB
Tel: 0131 275 6401 Fax: 0131 275 7266

SUPPLEMENTARY PRESCRIBER DETAILS (Please write in capital letters)

Supplementary Prescriber's Surname: .....

Forename & Initials: .....

RPSGB Registration Number: .....

Prescriber Code for Principal Practice*: .....

Telephone Number: .....

Prescription pads
If prescribing for one GP practice only, give practice address below.

or

If prescribing for more than one GP practice give address of principal practice* below and the total number of practices prescribed for.

or

If there is no principal GP practice give number of practices only. Do not insert a practice address.

Principal GP Practice Address (for pre-printing on pads)

.....

.....

.....

Post Code: .....

Number of practices prescribed for: .....

* Principal practice is where the majority of patients prescribed for are registered

Please continue overleaf

Address for delivery of pads: *(NHS organisation stores or pharmacy department/or direct to the supplementary prescriber's address where agreed by NHS employer)*

.....

.....

.....

Post Code: .....

Supplementary Prescriber's Address: .....

.....

.....

.....

Post Code: .....

Signed: ..... **(Chief Pharmacist)**

Please Print Name: .....

Date: ..... **Tel:** .....

GUIDANCE NOTES:

All sections must be completed.

5 pads will be supplied on completion of this form i.e. 5 pads for the principal practice plus an additional 5 pads to cover all other practices.

PWI02909

Appendix 3

Form: PSD 4

SUPPLEMENTARY PRESCRIBER: HOSPITAL PHARMACIST PRACTITIONER ORDER FORM for HBPP

Form to be completed by Chief Pharmacist and returned to:

Practitioner Services Division
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel: 0131 275 6401
Fax: 0131 275 7266

Please indicate the number of pads required:

HBPP Pads ☐

Employer Address for delivery (i.e. NHS organisation stores or pharmacy department):

.....

.....

.....

Post Code: .....

Signed: .....

Please Print Name: .....

Telephone Number: .....

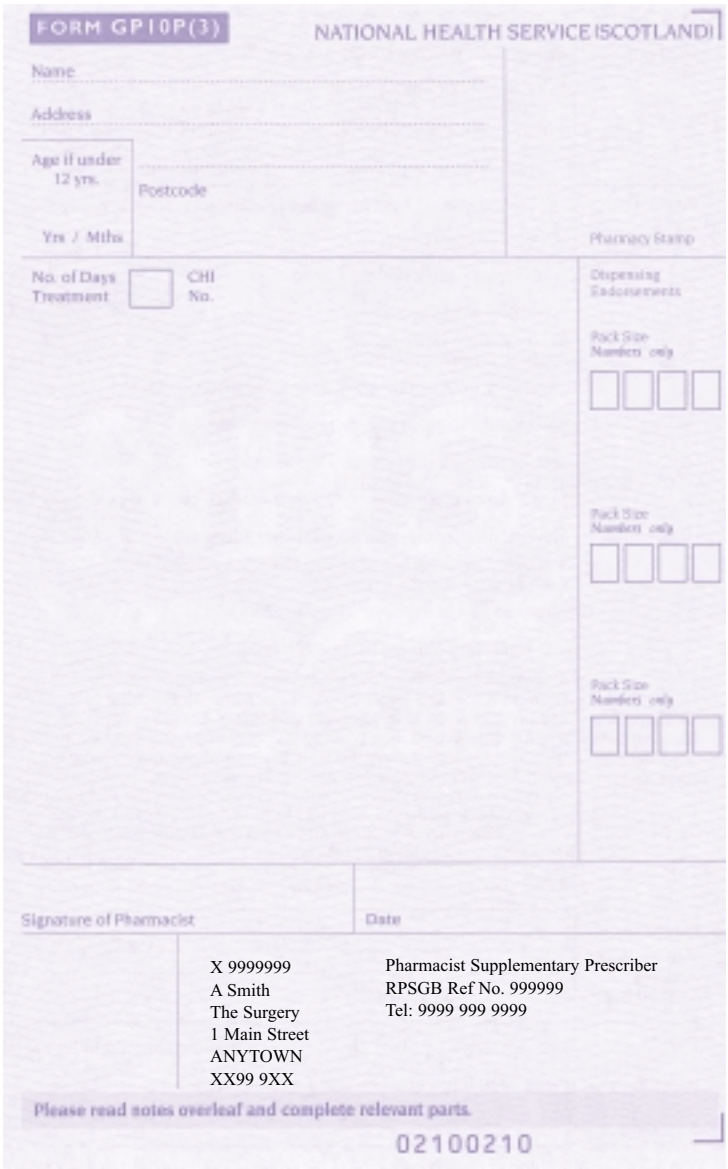
Date: .....

GUIDANCE NOTES:

HBPP prescription pads will be delivered directly to the NHS organisation address above. The pads should be forwarded to the supplementary prescriber at the appropriate hospital address.

For quantities less than 5, you will be supplied with 5 prescription pads.

Appendix 4



FORM GP10P(3)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under 12 yrs.

Yrs / Mths

Postcode

Pharmacy Stamp

No. of Days Treatment

CHI No.

Dispensing Endorsements

Pack Size Numbers only

Pack Size Numbers only

Pack Size Numbers only

Signature of Pharmacist

Date

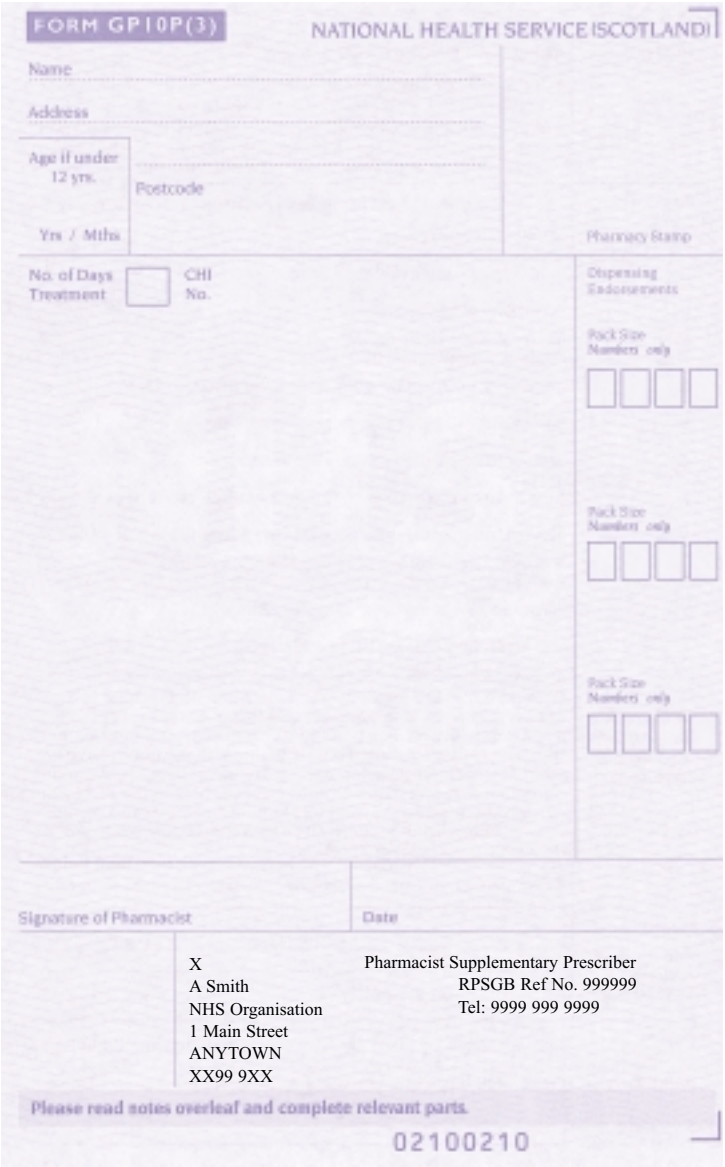
X 9999999
A Smith
The Surgery
1 Main Street
ANYTOWN
XX99 9XX

Pharmacist Supplementary Prescriber
RPSGB Ref No. 999999
Tel: 9999 999 9999

Please read notes overleaf and complete relevant parts.

02100210

Appendix 5



FORM GP10P(3)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under 12 yrs.

Yrs / Mths

Postcode

Pharmacy Stamp

No. of Days Treatment

CHI No.

Dispensing Endorsements

Pack Size Numbers only

Pack Size Numbers only

Pack Size Numbers only

Signature of Pharmacist

Date

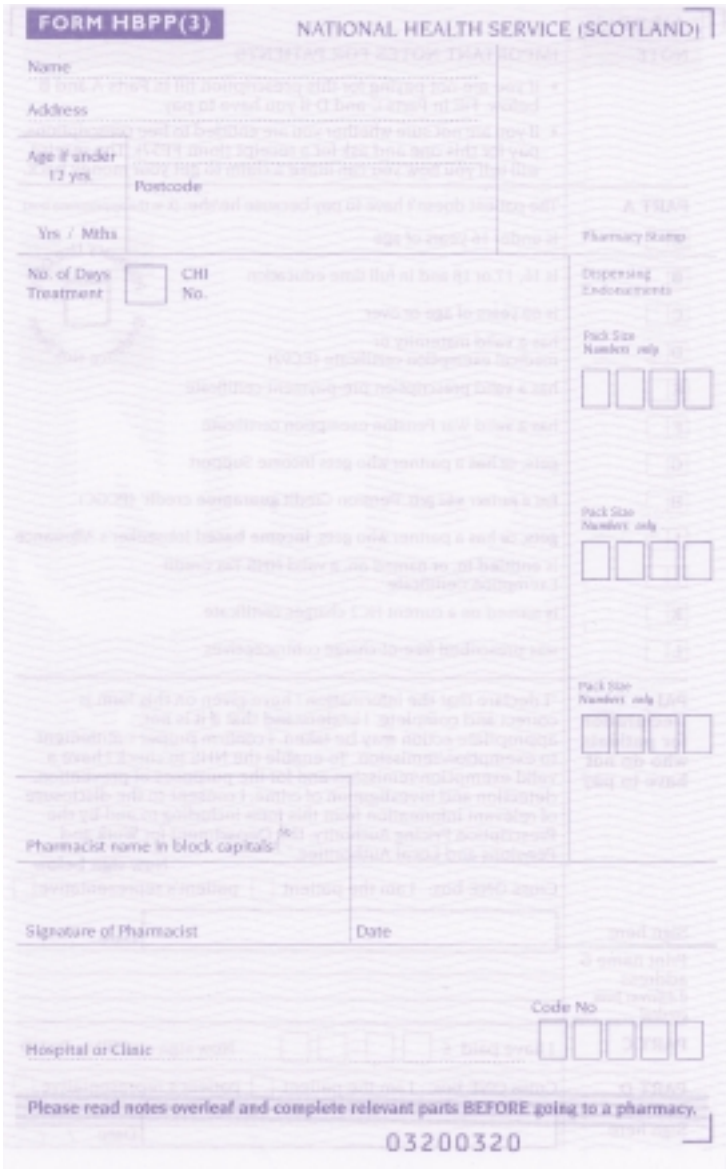
X
A Smith
NHS Organisation
1 Main Street
ANYTOWN
XX99 9XX

Pharmacist Supplementary Prescriber
RPSGB Ref No. 999999
Tel: 9999 999 9999

Please read notes overleaf and complete relevant parts.

02100210

Appendix 6



FORM HBPP(3)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under 12 yrs

Yrs / Mths

Postcode

Pharmacy Stamp

No. of Days Treatment

CHI No.

Dispensing Endorsements

Pack Size Numbers only

Pack Size Numbers only

Pack Size Numbers only

Pharmacist name in block capitals

Signature of Pharmacist

Date

Code No

Hospital or Clinic

Please read notes overleaf and complete relevant parts BEFORE going to a pharmacy.

03200320

ANNEX E

HOW TO COMPLETE THE PRESCRIPTION FORM

1. Detailed advice on writing prescriptions is contained in the British National Formulary (BNF).

2. Information on the front of the prescription form should be written clearly and legibly using indelible ink (preferably black) or by printing using appropriate computer prescribing stationery and a computer prescribing system.

3. The information required is as follows:

   - The patient's title, forename, surname and address (including postcode) and if available the patient's Community Health Index (CHI) number.
   - The patient's date of birth, and age if under 12 years.

     NB It is a legal requirement to write the patient's age on the prescription when prescribing Prescription Only Medicines for a child under 12 years of age.
   - If using computer prescribing systems the above information must be printed; for hand written prescriptions, enter if known e.g. from patient notes.
   - For prescribing in primary care, and for patients whose prescriptions will be dispensed in the community, the prescription must contain the name of the prescribed item, formulation, strength (if appropriate) dosage and frequency, and quantity to be dispensed. The quantity prescribed should be appropriate to the patient's treatment needs, bearing in mind the need to avoid waste. Some medicines are only available in patient packs (or multiples thereof)[2, 3] and special containers[4] and the pack (or multiple pack) quantity should be prescribed, provided this is clinically and economically appropriate. The quantity should be specified for solid preparations as number of dose-units (number of tablets, capsules, lozenges, patches etc), for liquid measures in millilitres (mL or ml), for topical preparations by mass (grams, g) or volume (millilitres, mL or ml). Terms such as "1 Pack" or "1 OP" should not be used. Alternatively, for preparations to be given at a fixed dose and interval, the duration of treatment can be given in place of quantity to be dispensed.

---

[2] Patient pack is a manufacturer's pack approved by the Licensing Authority which has a label and leaflet and contains an amount of medicine such that the pack is capable of being given whole to a patient to meet all or part of a treatment course. For some medicines special packs containing smaller quantities will be available for starter/titration/trial purposes.

[3] In the BNF, pack size is indicated as in this example "Net price 60 tab pack=£2.25". Wherever no pack size is indicated, as in "Net price 20=9p", the quantity is shown for price comparison purposes only.

[4] A special container is a pack from which it is not practicable to dispense an exact quantity, or a pack with an integral means of application. This currently includes sterile preparations, effervescent or hygroscopic products, liquid preparations which are intended to be added to bath water, coal tar preparations, viscous preparations and all products packaged in casters, tubes, dropper bottles, aerosols, puffers, roll-on packs, sachets, sprays, shakers, squeeze packs.

- In hospitals, prescriptions for in-patients should contain the name of the prescribed item, formulation, strength (if any), dosage and frequency. Where a defined length of treatment is required this should be stated. For out-patients and discharge prescriptions, the requirements are the same as those for primary/community care, whilst recognising local policies for example on the length of treatment provided for out-patients and patients who are being discharged.
- The names of medicines should be written clearly. Pharmacists are recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name. Names of medicines and generic titles should not be abbreviated. Exceptions to this rule are for the prescribing of some dressings and appliances, and of compound or modified release medicines which have no approved non-proprietary name.
- Directions should be in English and not abbreviated.
- Where there is more than one item on a form, a line should be inserted between each item for clarity.
- Unused space in the prescription area of the form should be blocked out with, for example, a diagonal line (to prevent subsequent fraudulent addition of extra items).
- The prescriber must sign and date the form.
- On hospital prescriptions only: the prescribers name printed or hand written in the box provided, i.e. a contact name for the dispensing pharmacist.

© Crown copyright 2004

Astron B34101 6-04

ISBN 0-7559-4116-0

9 780755 941162