Prescribing Policy for the 111 IUC Clinical Assessment Service

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1 Statement of Aims and Objectives

1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care.

1.2. This policy is applicable to all Prescribers working in the Integrated Urgent Care Clinical Assessment Service (IUC CAS), including bank and agency workers who, in accordance with their job descriptions in their contracts, undertake prescribing as part of their role. This policy sets out the scope of clinical practice to which these health care professionals must adhere.

2 Principles

1.1. The prescribing of medicines is a complex clinical skill undertaken by registered professionals who have a legal authority and qualification to issue prescriptions. Following a shared-decision with the patient a medicine may or may not be prescribed to promote health, healing and/or wellbeing. Medicines can however be harmful if prescribed, dispensed or administered incorrectly, or if a patient suffers an adverse reaction as a consequence of taking the medicine.

1.2. This policy promotes safe prescribing practices when deciding to prescribe a medicine to SECAmb patients presenting to 111. The aim of this policy is to:

- Ensure medicines are prescribed by SECAmb employees in a manner that is clear and consistent by involving the patient in the decision-making process
- Clarify the legal and professional standards required when prescribing for SECAmb patients
- Safely prescribe medicines for acute or repeat indications for SECAmb patients contacting 111.

3 Purpose

3.1. This document clarifies organisational authority and outlines the parameters to assure that all prescribing is governed robustly to ensure:

- Patients benefit from convenient access to treatments where indicated/necessary.
- Prescribing is safe, evidence-based and cost-effective for each individual patient who is involved in the decision-making process.
- Standards, systems and processes are in place to manage risk, and patients are signposted to further support where necessary.
- Legal, professional and statutory obligations are met.

4 Scope

4.1. This document applies to all Health Care Professionals (HCPs) prescribing within the IUC CAS, working in or on behalf of the Trust, and for whom prescribing forms part of their specific job description and role.

4.2. All prescribers working in or on behalf of SECAmb understand their responsibilities in the safe and cost-effective prescribing of medications for SECAmb patients and agree to participation in audit and reflective practice concerning their prescribing consultations.

4.3. Prior to commencing prescribing for SECAmb patients, qualified prescribers are required to submit an “intent to prescribe” to the SECAmb NMP register, to agree on a scope of practice and a prescribing mentor/supervisor and to commit to regular audit and reflective practice.

4.4. Prescribing is also to be added to individual job descriptions and a recommendation for professional indemnity in place. All Trust process and procedures need to be adhered to and completed prior to commencing prescribing.

4.5. Staff with dual professional registration (such as being both a registered nurse and a registered paramedic) and are qualified prescribers, may prescribe if annotated as a prescriber by the professional regulator for the role in which they are employed by the Trust.

4.6. This policy should not be read in isolation. See the Governance Framework for:

- NMPs SOP
- Trust Medicines Policy
- Controlled Drugs Policy and associated SOPs
- Scope of Practice and Clinical Standards Policy
- Safe Prescribing of Controlled Drugs SOP

5 Who may prescribe and prescribing competency

5.1. Under United Kingdom (UK) law, only an "appropriate practitioner" can prescribe medicines in the UK. An appropriate practitioner is an Independent Prescriber, i.e., able to prescribe a medicine under their own initiative. This includes:

- Doctors licensed to practice by the General Medical Council (GMC).

- Dentists licensed to practice by the General Dental Council.
- HCPs who have successfully completed an accredited and SECAmb-recognised prescribing course, and are registered with their professional governing body as a person qualified to independently prescribe ('non-medical prescribers' – NMPs)

5.2. NMPs seeking to register as a prescriber within the Trust must:

- Have the appropriate prescribing designation by their governing body and practice in line with their standards.
- Have their prescribing rights stipulated within their contract of employment (job description) with the Trust.
- Follow the process in the Trust Governance Framework for NMPs SOP.
- Agree to the operational policies relating to the Trust's Electronic Prescribing System (EPS).
- Successfully complete the EPS training.
- Agree on a scope of practice, a prescribing mentor/clinical supervisor and a commitment to regular audit and self-reflective practice within the 'intent to prescribe' Trust submission.

5.3. Registered medical and dental practitioners and NMPs can prescribe from the British National Formulary (BNF) and BNF for Children (BNFC) with an adherence to local formularies within Surrey, Sussex and Kent and cost-effective prescribing recommendations.

5.4. Prescribers must recognise and work within current legislation, the limits of their core skills and within their scope of practice which is detailed in "intent to prescribe" submissions.

5.5. Prescribers must abide by the competencies identified in the Prescribing Competency Framework published by the Royal Pharmaceutical Society (RPS) and accredited by NICE. This document provides the basis for on-going continuing education and development programmes, and revalidation processes.

5.6. A prescriber must seek appropriate advice if they are unsure about any aspect of prescribing or medicines management. This may be sought from their clinical supervisors, clinical pharmacist for 111 or NMP lead for the Trust.

6 Prescribing

6.1. Authority and restrictions

6.1.1. In providing clinical care, prescribers must only prescribe when they:

6.1.2. Fulfil all the requirements stipulated in section 5.

6.1.3. Keep their knowledge and skills current, using evidence-based medicine to ensure they are only prescribing when a favourable benefit-risk profile is present.

6.1.4. Recognise their knowledge boundaries, and work within the limits of their core skills and scope of practice.

6.1.5. Have sufficient access to patient care records to allow for the safest prescribing in response to their patient's needs.

6.1.6. Are satisfied that there is an urgent need for a medicine, and a favourable benefit-risk profile is present.

6.1.7. Accept responsibility and accountability for the prescriptions they sign, as well as any advice provided to the patient or carer.

6.1.8. Discuss treatment options with the patient, sharing decision making, and confirming the patient is willing to take any medicine as prescribed. This should take into consideration any cultural, social, personal or language needs and any religious beliefs of the patient.

6.1.9. Formally record prescribing decisions in a clear, accurate and legible way. The EPR should be made contemporaneously or as soon as possible afterwards.

6.1.10. Understand that vicarious liability is applied by the Trust when a prescriber acts in good faith and works to their authorised Trust job role, policies and procedures. However, the Trust strongly recommends prescribers take out their own indemnity insurance that covers the scope of their prescribing practice.

6.2. **Access to EPS**

6.2.1. In writing a prescription, prescribers must:

6.2.2. Always use their own smartcards to access the Electronic Prescription Service (EPS) – these must never be shared or given to other users to use.

6.2.3. Generate prescriptions (if appropriate) and send these to the pharmacy of the patient's choice by the EPS (see the EPS SOP).

6.2.4. In the unlikely event of EPS failure, adhere to EPS Contingency SOP, and maintain an audit trail of prescribing actions.

6.2.5. Accept the legal responsibility and accountability of issuing a prescription lies with the prescriber who has signed the prescription and only issue a prescription bearing their details and own unique prescriber number.

6.2.6. Ensure that all the legal requirements for prescribing a prescription (including CDs) are met – these are available in the BNF and in the Safe Prescribing of CDs SOP.

6.2.7. Ensure that local antimicrobial stewardship (AMS) guidance is adhered to concerning antimicrobial choice for the presenting indication, considering local resistance, patient tolerances and the shortest effective course length.

6.2.8. Ensure prescriptions are clear and in accordance with the RPS Prescribing Competency Framework. This must include directions for any medication prescribed, including regular and 'when required' Medicines.

6.2.9. Consider not prescribing when it is not within your area of competence or is not in the patient's best interests/consent and if appropriate to signpost to other services such as community pharmacy for Pharmacy First or medicines that are available over the counter to purchase rather than prescribing

6.3. **Repeat Prescribing**

6.3.1. Prescribers may issue repeat prescriptions, but only if all of the medicines involved are within their scope of competency and practice and are included in their 'Intent to Prescribe' (ItP) declarations (for NMPs).

6.3.2. Prescribers may not issue repeat prescriptions for schedule 1 controlled drugs or for medicines issued for addiction such as methadone or for medications issued in daily/7-day instalments- these requests should be referred to the patient's regular care provider.

6.3.3. When issuing repeat prescriptions for controlled drugs ensure that the medication requested is within the patient record and ensure that attempts to verify patient identity and medical history have been established. Adhere to urgent care legislation when issuing CDs and issue a maximum of 3 days supply to cover for an out of hours period (the only exception to this is on a bank holiday weekend when 5 days may be required before access to primary care is available). Refer to the safe prescribing of CDs policy and guidance on the identification and management of drug seeking behaviour (DSB).

6.3.4. Prescribers should minimise risk to patients by practising safe prescribing, particularly in areas of high risk such as medicines that require monitoring, have a narrow therapeutic index and have MHRA warnings concerning drug safety (e.g. insulin, anticoagulants, antiepileptics, and DMARDs).

6.3.5. An awareness of time critical medicines (TCM) is also key to the role of a prescriber working within integrated urgent care settings. Medications that are time-critical can result in harm with exacerbation of symptoms

because a delayed or missed dose. TCMs include medications for diabetes, Parkinsons disease, epilepsy and anticoagulants.

6.3.6. Before signing a repeat prescription, the prescriber must be satisfied that:

- It is safe and appropriate to do so.
- The patient has an urgent clinical need.
- There is a suitable referral pathway for patients requiring further assessment or treatment.
- The patient is not suitable for pharmacy first or requires a medication that is available over the counter (OTC or P).
- The minimum quantity has been supplied to cover the out of hours period/access to their regular healthcare provider.
- The patient record has been updated with the repeat medication request and any action taken/advice provided.

6.4. Medicines Information sources and Specific Patient Issues

6.4.1. The IUC service can access the eBNF and eBNFC. Complex drug information enquiries should be referred to an IUC pharmacist or the national Medicines Advice service. SECAmb recommends caution in the following patient groups:

	Patient Group or Issue	Comment
a)	**Prescribing for Children**	a) Prescribers must have relevant competence in treating children when prescribing for them. Dosing for children may be age or body weight dependent. b) Prescribers may refer to: ○ The BNFC ○ Royal Collage of Paediatric and Child Health – information of use of licensed and unlicensed medicines ○ Contacting the safeguarding team in the first instance for any safeguarding and/or child protection concerns. ○ Complex drug information enquiries should be referred to an IUC pharmacist or the national Medicines Advice service. c) Consider if the child is able to swallow tablets or capsules as a preferred route of administration and more cost-effective than administering liquids/suspensions in older children
b)	**Prescribing in pregnancy**	a) Prescribers must establish the pregnancy status for all women of reproductive age (11 years to 55years) before issuing a prescription. Where pregnancy status is unknown, the risk of prescribing must be assessed and recorded in the patient record.

		b) If prescribing for a pregnant woman, their GP should be informed and the patient encouraged to inform their midwife. c) Some antiepileptic medicines such as valproate have extra precautions also for the partners of pregnant ladies to be considered and pregnancy prevention programmes- see MHRA
c)	**Allergies and hypersensitivities to medicines or excipients**	a) It is the responsibility of the prescriber to review and record allergy and intolerance information before issuing a prescription. b) Some excipient information may be available in the BNF, BNFC and in the product literature available in the electronic Medicines Compendium. Contact the manufacturer if it is essential to further check the details of excipients. c) Consider also cultural preferences such as gelatin capsules and vegan-appropriate medication forms.
d)	**Drug-drug Interactions**	Check that the medicine prescribed is compatible with any other medicines the patient is receiving, including 'over the counter' (OTC) purchases, herbal remedies, vitamins and illicit substances. This may be checked in BNF interactions page with actions to take/discuss with the patient/care giver.
e)	**Drug-condition interactions**	Check that the medicine prescribed is compatible with any condition that the patient has (e.g. impaired organ function, such as renal or hepatic dysfunction, or metabolic/endocrine conditions) that may affect the dosing/action/adverse effects of the medication.
f)	**Drug seeking behaviour (DSB)**	If you have any concerns about supplying a particular medicine to a patient who is displaying signs of DSB or is becoming aggressive, do not prescribe and refer the patient to their regular caregiver with appropriate non-medication related advice.
g)	**Frail/elderly or overprescribing concerns**	In certain circumstances, it is best not to prescribe in the best interests of the patient. This would usually have been recognised/recorded by the regular care provider but is a consideration for specific patients.
h)	**Palliative care/end of life**	Out of Hours (OOH) requests from district nursing/care teams for patients requiring medicines to alleviate suffering must be prioritised and actioned quickly if the prescriber feels competent to do so or urgently refer to a clinical supervisor.
i)	**Hear and treat**	111 CAS prescribing is virtual either by telephone or video consultation. If the presenting complaint is not appropriate for

		a virtual consultation, then the patient should be referred for a face-to-face review
k)	**Antimicrobial stewardship (AMS)**	Refer to RCGP/NICE Antimicrobial Prescribing Table for appropriate antimicrobial prescribing per indication and course lengths. Always prescribe the shortest effective course as per evidence based guidance e.g. 5 days for amoxicillin, and avoid broad spectrum antibiotics such as co-amoxiclav, cefalexin and ciprofloxacin where possible. Our local area has a high *E.Coli* resistance to trimethoprim and ciprofloxacin so consider alternative treatments for the management of UTIs.

6.5. Unlicensed and off-label medicines

6.5.1. Any medicine without a UK Marketing Authorisation (a 'product licence'), is an unlicensed medicine. Any licensed medicine that is used outside of the terms of that licence is termed 'off-label'. Off-label examples include an 'adult' medicine used for a child, or an antiepileptic medicine used for analgesia.

6.5.2. Licensed medicines are evaluated by the MHRA to assure pharmaceutical quality, safety and efficacy. Unlicensed medicines do NOT have this assurance, so prescribers must take additional steps to provide reasonable assurance themselves, prior to prescribing. The NHS SPS website contains information on unlicensed medicines.

6.5.3. Prescribers should only prescribe unlicensed, off-label or outside standard practice if they are satisfied that:

a) They can legally do so (see the BNF for legal authority to prescribe), and doing so is also within their organisational authority, regulatory frameworks and their governing bodies practice guidance.

b) An alternative licensed medicine would not meet the patient's clinical need.

c) Accept professional, clinical and legal responsibility for prescribing unlicensed and off-label medicines and should only do so where this is accepted clinical practice.

d) Their patient/patient representative understand that they are being prescribed an unlicensed or 'off-label' medicine, and they have received informed consent to this treatment.

e) The medicine is prescribable on the NHS (as per the Drug Tariff, and is not 'Blacklisted' – see 'cautioned or unauthorised medicines').

6.6. Excessive prescribing and unwarranted variation

6.6.1. Prescribing issues may be identified via a number of sources e.g. prescribing monitoring, incident reporting, complaints, and audit. Monitoring will be undertaken with the Medicines Governance team

overseen by the Chief Pharmacist, and supported by the NMP Lead for the Trust where appropriate.

6.6.2. The inappropriate or excessive use of medicines can cause distress, ill-health, hospitalisation and even death. The BMA Focus on excessive prescribing sets out what might be considered excessive or unwarranted prescribing for GPs, but the same principles apply to all prescribers.

6.6.3. There may be occasions where prescribing may appear at significant variation with peers. Prescribing variation is open to interpretation and subsequent challenge in individual reflective practice and feedback from audit.

6.7. **Cautioned or unauthorised medicines**

6.7.1. The following medicines must NOT be prescribed by SECAmb prescribers or prescribers working on behalf of SECAmb without a clear indication/documented reason for issuing a prescription.

	Medication Requested	Comment
a)	Addiction Treatment	Medicines used for the treatment of addiction or withdrawal (e.g. buprenorphine or methadone) or otherwise supervised consumption- including medicines in a weekly or post-dated prescription (including CD instalment prescribing).
b)	Hospital only drugs	Some specialist medications are only prescribed and dispensed by hospitals. These medicines are usually marked as 'red' in local formularies and must not be prescribed by the NHS 111 IUC CAS. If a hospital-only medication is required, prescribers should liaise with the hospital pharmacy where the patient receives their usual supply or refer to the IUC CAS Pharmacist to clarify implications of missed/delayed doses.
c)	Shared care medications	Medication marked as 'amber' within Shared Care Agreements (SCA) that have been initiated by the hospital and accepted by a patient's GP must only be prescribed within SECAmb if the SCA is fully visible to the prescriber, and the prescriber has assessed that they can competently and safely prescribe.
d)	Cosmetic medication	Medication such as botulinum toxin and weight loss injections (such as semaglutide or tirzepatide) must never be prescribed outside of your competency or for unlicensed indications ('off-label'). MHRA has authorised the use of GLP-1 agonists for adult patients with BMI

		>30kg/m^2 as part of a weight loss programme on repeat prescription.
e)	'Blacklisted' items	The medication does not appear in part 18A of the Drug Tariff.
f)	Schedule 1 Controlled Drugs (CDs)	Thes are illegal to prescribe. See 'Safe prescribing of Controlled Drugs SOP'
g)	Prescribing for self, family, friends and work colleagues	Prescribers must not prescribe for themselves, nor access the medical records for anyone with whom they have a close personal or emotional relationship. This may include colleagues with whom they regularly work with. The Prescriber is responsible for assessing and determining the relationship they have with their patient and should refer to their professional body for practice guidance, standards and codes of ethics.
h)	Private prescriptions	Private prescriptions must not be issued by any Trust prescriber.
i)	NHSE restrictions	Any item not recommended by NHS England, as these are unsafe, can be ineffective, or are not cost-effective. These items must not be initiated or continued within the CAS, e.g. lidocaine plasters, co-proxamol, glucosamine and chondroitin, herbal treatments and homeopathy. Other items listed may be prescribed in exceptional circumstances.
j)	High cost medications	Always consider the most cost-effective option for your patient. Prescribe generically where possible unless a brand is required for modified release preparations. Do NOT prescribe nitrofurantoin suspension for a UTI as this costs approximately £500 per item (cost at 2025). Regular updates on cost-effective prescribing will be provided by the medicines team.
k)	Medicines in short supply	Medicine Supply Notifications (MSN) are shared by the MSO and medicines team. Some medicines are in short supply and alternatives may be recommended for prescribing in the short term.
l)	Medicines available	Do not prescribe medicines that are available from the community pharmacy via Pharmacy First or minor ailment services. These

	from the community pharmacy	medicines appear on the General Sales List (GSL), or are Pharmacy medicines (P) and not Prescription Only Medicines (POM). Paracetamol should not be issued on prescription from SECAmb 111 as it is readily available from supermarkets and pharmacies in both tablet, capsule and liquid forms at minimal cost.
m)	Oral contraception service	Community pharmacies are now able to supply regular oral contraception (and free of charge emergency contraception from October 2025). Consider this option before prescribing.
n)	Pharmacy First	Community pharmacists may issue medication to manage the following ailments under PGD: ✓ **Sinusitis** if over 12 years ✓ **Sore throat** if over 5 years (*antibiotics supplied by pharmacy via PGD if indicated*) ✓ **Acute otitis media** (ear infection) **in children** aged 1-17 years only ✓ **Infected insect bites** in patients over 1 year ✓ **Impetigo** if over 1 year old ✓ **Shingles** in adults over 18 years ✓ **Uncomplicated UTIs in females** aged 16 to 64 years only
o)	Antimicrobial stewardship	Follow RCGP/NICE guidance and utilise the TARGET leaflets with patients. Explain the self-limiting nature of many minor ailments and consider not prescribing antimicrobials where possible: https://elearning.rcgp.org.uk/mod/book/view.php?id=12647

6.7.2. In summary, prescribers should not prescribe chemotherapy, oxygen therapy, complementary / alternative therapies, High-Cost Drugs excluded from the national tariff (PbR excluded drugs), “Blacklisted” items (in Part XVIIIA of the Drug Tariff) or clinical trials drugs. Any requests for these should be referred to the Medicines Governance Team and the patient referred back to their regular care provider.

6.8. **Controlled Drugs (CDs)**

6.8.1. In addition to previously stated prescribing requirements (section 5), prescribers must:

6.8.1.1. Refer also to the Safe Prescribing of CDs SOP, Trust’s CD policy, NICE guideline NG46 ‘Controlled drugs: safe use and management’, and their respective professional body’s guidance.

6.8.1.2. Make informed choices regarding their duty of care to patients, which includes balancing their healthcare needs (including appropriate

prescribing of CDs), against causing harm or becoming an unwitting source of supply to substance misusers.

6.8.1.3. Ensure that all legal requirements for a CD prescription are met. These requirements are available in the BNF and the Safe Prescribing of CDs SOP.

6.8.1.4. Ensure a maximum quantity of 3 for CDs prescribed from IUC to cover the OOH period or until the regular care provider is available (in exceptional circumstances such as a bank holiday weekend 5 days may be supplied and this needs to be clearly documented for audit purposes).

6.8.1.5. Raise any concerns relating to CDs to the Trust's CD Accountable Officer and Chief Pharmacist.

6.9. Adverse drug reactions (ADR) and incidents

6.9.1. Prescribers should report any suspected ADRs, medicines incidents or near-misses and document via:

- DATIX system
- Patient's GP
- Yellow Card Scheme
- Electronic Patient's Record
- Initiating prescriber

6.9.2. Prescribers reporting any of the above resulting from their own prescribing should review their practice to prevent recurrence.

6.9.3. All patient safety incidents (prescribing errors, near misses and critical incidents) where a patient was harmed or could have been harmed, should be reported in line with local policy. These incidents should also be reported on to the National Reporting and Learning System (NRLS) – the national patient safety incident database.

6.9.4. Prescribers and other healthcare professionals should advise patients if treatment is likely to affect their ability to perform skilled tasks (e.g. driving). This applies especially to medicines with sedative effects; patients should be warned that these effects are increased by alcohol.

6.10. Prescribing Safety Notices / Alerts

6.10.1. The Central Alerting System is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance.

6.10.2. Alerts available on the Central Alert System website include safety alerts, drug alerts and medical device alerts.

6.10.3. Managers and Clinical Leads must ensure the information reaches individual practitioners/users as appropriate in line with Trust policies and Cascade of Alerts.

6.11. **Managing potential conflicts of interest**

6.11.1. Prescribers must resist undue influence on their prescribing, such as from the pharmaceutical industry, media, patients and colleagues.

6.11.2. Prescribers should work within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry.

6.11.3. Prescribers should refer to the Association of the British Pharmaceutical Industry (ABPI) Code of Practice as well as the NHS Standards of Business Conduct policy, and their own professional regulatory standards detailing best practice in relation to gifts and other inducements.

7 Responsibilities

7.1. The **Chief Executive Officer (CEO)** is accountable for Medicines use and governance in the Trust.

7.2. The **Chief Medical Officer (CMO)** through delegation by the CEO, has overall responsibility for medicines governance system design and overall assurance. The Chief Medical Officer has responsibility for the implementation, review, and thus revision where required, of this procedure.

7.3. The **Chief Pharmacist (CP)** is the professional medicines governance lead for the Trust and is responsible for producing robust systems and processes which comply fully with legislation, national guidance, and regulatory requirements to ensure the safe and effective management and use of medicines throughout the Trust. The Chief Pharmacist supports the Chief Medical Officer and Executive Director of Operations providing pharmaceutical professional advice with regards to all medicines related policies, procedures and practices.

7.4. The **Executive Director of Operations (EDO)**, through delegation by the CEO, has overall responsibility for the implementation, operation and local assurance of this policy. The Executive Director of Operations has overall responsibility for holding his/her staff to account for any deviations from this policy and is responsible for the operational compliance of this procedure.

7.5. The **EDO**, **CMO** and **CP** are responsible for escalating unresolved concerns to the Medicines Governance Group (MGG).

7.6. The **EDO** delegates local responsibilities and accountability for this procedure to the **Associate Directors of Operations**, **Head of**

Operations, Operational Managers, Specialist Managers and where relevant the **Head of Fleet and Logistics.**

7.7. The **Associate Directors of Operations, Head of Operations, Operational Managers, Specialist Managers** and where relevant the **Head of Fleet and Logistics** delegate their local responsibility and accountability for this policy to their staff including the **Operational Team Leaders (OTLs), Logistics Manager**, and others.

7.8. The **Executive Director of Nursing and Quality** has responsibility for matters relating to regulatory compliance, risk management, health and safety relating to this procedure.

7.9. **Controlled Drug Accountable Officer** is also the **Chief Medical Officer** and is responsible for the safe management and use of Controlled Drugs within the Trust along with co-operating and sharing information relating to concerns about the Trust's use and management under the Controlled Drug (Supervision of Management and Use) Regulations 2013. These responsibilities include keeping records of the investigation of concerns and acting where appropriate.

7.10. The **Medicines Safety Officer (MSO)** MSO supports local medication error reporting and learning. The MSO acts as the main contact for NHS England and Medicines and Healthcare Products Regulatory Agency (MHRA).

7.11. The **Medicines Governance Group (MGG)** is responsible, for providing strategic direction for the implementation of medicines management and practice within the Trust The primary objective of MGG is to ensure appropriate clinical and cost effective use of medicines, promoting the highest standards of medicines management and safe practice throughout the Trust, by ensuring that senior managers are aware of issues relating to the use of medicines within the organisation as part of the overall clinical and corporate governance structure.

7.12. The role of The **Non-Medical Prescribing (NMP) Group** is to provide overarching multidisciplinary leadership for non-medical prescribing (NMP) within the Trust. In doing so, it manages the process of Trust approval to train as a non-medical prescriber and to prescribe, taking account of service redesigns and improved patient access to medicines. The NMP Group aims to strengthen and monitor the governance issues associated with non-medical prescribing, to determine potential and support existing non-medical prescribers, advise the MGG on matters relating to non-medical prescribing and will report exceptions relating to non-medical prescribing to the MGG.

7.13. The **Medical Gas Subgroup** provides assurance to MGG that medical gases are effectively monitored and managed within the Trust.

7.14. The **Drugs & Therapeutics Group** provides assurance to MGG and ensures the development, review, updates and implementation of PGDs are in line with legislation and national good practice.

7.15. The **Medicines Governance Team (MGT)** are responsible for ensuring the safe and efficient procurement of medicines, including controlled drugs to ensure the quality of the product, safe dispensing/packing into medicines pouches through to safe disposal of pharmaceutical waste. The MGT will support the Chief Pharmacists with drug shortages, drug alerts and relevant information relating to medicines is communicated in a timely manner.

7.16. **Prescribers** are responsible for adhering to this policy.

7.17. **All staff** are responsible for their own professional practice. All staff involved in the prescribing, supply, dispensing, handling, storage, administration and disposal of medicines, including controlled drugs, must receive appropriate training and assessment of competence before commencing their roles. All staff who handle medicines are personally accountable for complying with this policy and relevant standard operation procedures, for reporting any concerns and for the safe handling of all medicines.

8 Documentation and Record Keeping

8.1. To prescribe safely, it is important to be able to access a patient's medical records. However, access may not be possible or may be limited, and there are potential risks in prescribing without these records. The prescriber should assess whether they have sufficient information and knowledge of the patient's health and medical history to make an assessment of the condition. This includes using the medical records such as the national care record summary (NCRS) when available and with the patient's consent. Prescribers should use other sources of information where possible to get a clear understanding of the patient's condition, so they are able to reduce any risks in deciding whether they can prescribe safely.

8.2. The prescriber should be able to demonstrate that they have assessed the risks when making a professional judgement, by keeping a record of their reasons to prescribe in these circumstances. A clinical record about prescribing should include:

- Relevant clinical findings.
- Decisions made and actions agreed, including who is making the decisions and undertaking the actions.
- The information provided to patients, including advice and warnings, e.g. information provided on the Valproate Pregnancy Prevention Programme.

- The details of any medicines prescribed, other investigations or treatments.
- Who is documenting the record and when.

8.3. The prescriber must give clear information so that the patient receiving care can make an informed decision and must discuss other available options when it is not appropriate to prescribe.

8.4. For every prescribing consultation, the prescriber must use their professional judgement and act in the patient's best interests, make a risk-based assessment about whether they can prescribe safely and make a clear record of all decisions onto the Trust electronic clinical system setting out their justification for prescribing. This should include when they decide not to issue a prescription and the reasons why.

8.5. Prescribing information should be shared with the patient's prescriber or others involved in their care, so the person receives safe and effective care. The prescriber should use their professional judgement when deciding what information to share. This is especially important when prescribing medicines that are liable to abuse, overuse or misuse, when there is a risk of addiction or when ongoing monitoring is important.

8.6. Quality assurance, governance and monitoring will be undertaken on an ongoing basis using recognised and approved methods including call audits, peer review, clinical supervision and patient satisfaction surveys.

8.7. In the light of patient safety risks, prescribers must exercise caution when making prescribing decisions for high-risk medicines based mainly on remote assessment of the patient when there is no access to the patient's medical history or consent to contact the patient's regular prescriber. High-risk medicines are, for example, those liable to abuse, overuse or misuse, or when there is a risk of addiction or when ongoing monitoring is important.

9 Audit and Review (evaluating effectiveness)

9.1. Effectiveness of this policy will be audited by the Medicines Governance Group at regular intervals, and initially six months after a new policy is approved and disseminated.

9.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

9.3. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.

9.4. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

10 Financial Checkpoint

10.1. To ensure that any financial implications of changes in policy or procedure are considered in advance of document approval, document authors are required to seek approval from the Finance Team before submitting their document for final approval.

10.2. This document has been confirmed by Finance to have no unbudgeted financial implications.

11 Equality Analysis

11.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

11.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities.