

Practicalities of Non- medical prescribing:

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My role:

- Nurse led clinics in primary care setting for drug and alcohol clients. Drug clients managed within the Locally Enhanced Service.
- Alongside GP and SHO running weekly prescribing clinic at non statutory drug service for clients who haven't got a GP to prescribe for them.
- Blood borne virus screening and hepatitis B vaccination sessions at Equinox – residential drug and alcohol detox centre. Medical care there is covered by our Practice.

Department of Health Definition of Supplementary Prescribing

“Supplementary prescribing is a voluntary prescribing partnership between an independent prescriber and a supplementary prescriber to implement an agreed patient-specific clinical management plan with the patient’s agreement.”

Handwriting requirements for CD prescriptions

- There are no requirements for handwriting exemption now.
- CD prescriptions must still state the total quantity in words and figures.
- All details on CD prescriptions can now be computer generated; only the signature needs to be handwritten.

Information which needs to be on a clinical management plan

- Patient's name and other identifying information e.g. number, date of birth
- Record of any drug allergies
- Names of independent and supplementary prescribers
- Condition to be treated and aim of treatment
- Medication to be prescribed, dose range, and what it is for
- Reasons for referral back to independent prescriber
- Any guidelines accompanying the CMP
- Frequency of review by IP and SP
- Date of agreement and signatures of IP and SP – these can be electronic
- Process for reporting adverse drug reactions

Items which I prescribe

Supplementary prescribing:

Methadone

Buprenorphine

Diazepam

Independent prescribing:

SSRI antidepressants

Mirtazapine

Chlordiazepoxide for alcohol withdrawal

NRT

Bupropion

Acamprosate

Thiamine

Anti psychotics

Lofexidine

Naltrexone

The advantages:

- Nurse led and holistic; satisfying for me to manage all aspects of client's treatment, and also support of team available
- Easy access to script for client-no waiting around for signature or having to return later
- Clients like the arrangement
- Doctors are positive and supportive in my experience
- The whole BNF except CDs now able to be prescribed independently

The disadvantages / challenges:

- Clinical management plans should be kept simple so it is workable
- Accountability – the prescriber who signs the script is responsible
- Important to ensure adequate indemnity cover
- Pay – extended role; prescribing not recognised under AfC
- Ensure cover available for holidays and absence

Practicalities (1)

- Agree dose ranges and what medications you are happy / competent to prescribe with employer – this should be added into job description / contract.
- How often do you plan to review clinical management plans – must be at least annually.
- The initial diagnosis needs to be made by a doctor under supplementary prescribing arrangements. For independent prescribing e.g prescribing antidepressants for depression the nurse can take a history and make the diagnosis.

Practicalities (2)

- Would you have one independent prescriber or use different doctors?
- Would you manage clients alone or alongside the independent prescriber?
- Need to ensure CPD
- Ensure community pharmacists know you
- Ensure prescribing protocols are in place
- Work within shared care framework; especially important when managing unstable clients