

# Policy for Non-Medical Prescribing

Version: 3

<b>Summary:</b>	This policy sets out the standards for Non-Medical Prescribing within Southern Health NHS Foundation NHS Trust. It will ensure that the working practices of Nurses, Pharmacists and AHPs training or undertaking this extended role as independent, supplementary or community nurse prescribers are safe. It will ensure that they are prescribing safely and effectively in accordance with current guidelines and legislation	
<b>Keywords (minimum of 5):</b> <i>(To assist policy search engine)</i>	Non-Medical prescribing, Independent prescribing, Supplementary prescribing, Medicines Management	
<b>Target Audience:</b>	Current Non-medical prescribers (NMP). Staff and managers considering the training of future non-medical prescribers. Designated Medical Practitioners (DMP) Medicines Management Committee	
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# Version Control

## Change Record

Date	Author	Version	Page	Reason for Change
April 2015	Gina Winter-Bates	1		New policy to replace SH CP 162
April 2017	Dr Abigail Barkham	2		Review of policy
20/11/2018	Dr Abigail Barkham	3		Reviewed. No Changes

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# Non-Medical Prescribing Policy

## 1. Introduction

This policy and the associated ‘Procedures for Non-Medical Prescribing’ sets out a framework for the management of Non-Medical Prescribing within Southern Health NHS Foundation Trust (SHFT) and is compliant with current guidelines (\*) and Care Quality Commission outcome 9 (Medicine Management) and the Health and Social Care Act regulation 2010.13 (DH, 2008). Detailed guidance on medication safety is available in the Medication CAPP (SHCP001).

- 1.1 Non-Medical prescribing, which was originally introduced from 1997, refers to prescribing by a specially trained registered health-care professional working within their clinical competence as either an Independent or Supplementary Prescriber.
- 1.2 The purpose of Non-Medical Prescribing is to ensure that appropriate timely and cost effective prescribing practice is undertaken.
- 1.3 The aims of Non-Medical Prescribing are, according to National Prescribing Centre are to:
  - 1.3.1 make more effective use of the skills and expertise of groups of professions;
  - 1.3.2 improve patient access to treatment and advice;
  - 1.3.3 improve patient choice and convenience;
  - 1.3.4 Contribute to more flexible teams working across the NHS.
- 1.4 The purpose of the policy and procedure documents is to provide a framework for SHFT staff, to ensure safe and effective practice in non-medical prescribing.
- 1.5 The governance of Non-Medical prescribing is overseen by the Medical Director under whose authority and accountability this activity lies. The Medical Director will ensure that a Trust Non-Medical Prescribing lead is in place and that each Division will appoint a suitably qualified Non-Medical Prescribing lead for their area.

**(\*)Standards of Proficiency for nurse and midwife prescribers (NMC, 2005)**

<http://www.nmc.org.uk>

**Nurse Prescribing in the UK (RCN, 2012).** <http://www.rcn.org.uk>

**Pharmacist independent prescribing programme (GPhC)**

[https://www.pharmacyregulation.org/sites/default/files/pharmacist\\_independent\\_prescribing\\_-\\_learning\\_outcomes\\_and\\_indicative\\_content.pdf](https://www.pharmacyregulation.org/sites/default/files/pharmacist_independent_prescribing_-_learning_outcomes_and_indicative_content.pdf)

**Medicines Matters (DH, 2006).** <http://www.nationalarchives.gov.uk/2013010705354>

**Guidance Document For Non-Medical Prescribers Employed in Community Organisations (Health Education England 2018)**

## 2. Scope

- 2.1 This policy (and the related “Procedures for Non-Medical Prescribing”) applies to all registered health care practitioners who are training and working as, or are supporting the role of, the Non-Medical Prescriber within SHFT.

### **3. Definitions**

3.1 **Non-Medical Prescribing (NMP)** is the process whereby a registered health care practitioner may prescribe medications for patients from either an agreed list of medicines or all medications within their scope of practice.

3.2 The main forms of non-medical prescribing are: Independent Prescribing and Supplementary Prescribing

#### **3.2.1 Independent**

a. Independent Prescriber (v300): a specially trained nurse, pharmacist or registered allied health care professional with responsibility and accountability for the assessment of patients with diagnosed or undiagnosed conditions, and for decisions about the clinical management required, including prescribing (DH 2006); they can prescribe any licensed medicine within their clinical competence, though nurse and pharmacist independent prescribers can also prescribe unlicensed medicines (Flittock 2010)

b. Community Practitioner Nurse Prescriber (v100): a specially trained District Nurse, Health Visitor or School Nurse who can independently prescribe from a limited formulary for community practitioners (Nurse Prescribers Formulary for Community Practitioners, which is included within the British National Formulary).

#### **3.2.2 Supplementary:**

A supplementary prescriber (v150) has a voluntary partnership between a doctor or dentist and a specially trained nurse, optometrist, allied health professional or pharmacist, to implement an agreed patient specific clinical management plan with the patient's agreement (Flittock 2010); the supplementary prescriber can prescribe any medicine within their clinical competence, according to the clinical management plan that has been agreed with an independent prescriber and the patient; the Supplementary Prescriber (SP) may prescribe an unlicensed medicine as part of a clinical management plan with an independent prescriber, though the SP will be responsible for ensuring that any prescribed unlicensed medicine is safe and suitable to be used, raising and recording any concerns with the independent medical prescriber and the patient. In Southern Health this status may apply to newly qualified Non-Medical Prescribers but should be subject to review and training program aimed at becoming an independent prescriber.

#### **3.3 The Designated Medical Practitioner (DMP)**

This role will be undertaken by a General Practitioner or Consultant Physician/ Surgeon or Physician who is responsible for supporting trainee NMP's. They should work within the same specialism or area as the trainee Non-Medical Prescriber with clinical experience in a relevant field. The DMP is also responsible for signing the trainee's competence document which is required for the NMP course to be completed.

#### **3.4 Clinical Supervision**

In the context of this policy this relates to activity undertaken between the qualified Non-Medical Prescriber and a colleague who is an experienced independent or supplementary prescriber. This activity will be a formal documented discussion related to case specific and general NMP activities. This is distinct and separate from general clinical supervision as detailed in the policy "Clinical Supervision" (SH CP 11) but this may run concurrent to this activity

#### **3.5 Continuous Professional Development (CPD)**

In the context of Non-Medical prescribing this refers to those educational opportunities undertaken by the qualified NMPs in order to maintain their prescribing competence and update their knowledge of issues that relate directly to their extended role as a non-medical prescriber.

#### **4. Duties / Responsibilities**

- 4.1 The Trust holds vicarious liability for non-medical staff they employ who are eligible to prescribe, provided they are appropriately trained, act in good faith within the boundaries of their professional codes of conduct, and have the Trust's permission to prescribe.
- 4.2 All clinical Divisions are responsible for implementing this policy and the related "Procedures for Non-Medical Prescribing"
- 4.3 The **Chief Executive** is responsible for:
  - 4.3.1 Ensuring that the principles of this policy, the related Procedures for Non-Medical Prescribing" and other associated policies are implemented across the organisation.
  - 4.3.2 Ensuring the necessary financial resources and support for the Non-Medical Prescribing role are available
- 4.4 The **Medical Director and the Chief Pharmacist** will ensure:
  - 4.4.1 That this policy and the related "Procedures for Non-Medical Prescribing" are embedded within clinical practice.
  - 4.4.2 that this policy and related "Procedures for Non-Medical Prescribing" are reviewed and updated regularly, in accordance with recommended best practice and national guidance.
  - 4.4.3 That the learning derived from quality monitoring and from the review of published local and national enquiries is incorporated into clinical practice.
  - 4.4.4 Appoint a suitably qualified healthcare professional to act as Non-Medical Prescribing Lead.
- 4.5 The **Trust Non-Medical Prescribing Lead**, with the support of **NMP Divisional Leads** will:
  - 4.5.1 assist the recruitment of practitioners to approved non-medical prescribing educational programmes, ensuring that those being supported have the support of their Unit / Team Lead and DMP and that there is a clear practice role for prescribing prior to agreeing to support an application for NMP training
  - 4.5.2 Support and coordinate the provision of continuing professional development (CPD) days / events for Non-Medical Prescribers within SHFT.
  - 4.5.3 Provide support to Unit / Team Leads and to Non-Medical Prescribing Divisional Leads.
  - 4.5.4 Ensure that the implementation of this policy is monitored through quality assurance activities.
  - 4.5.5 A table detailing Divisional responsibilities is included below:
- 4.6 **Operational Managers & Divisional leads** will:
  - 4.6.1 Ensure that Non-Medical prescribing is considered within their annual business planning and training needs analysis.
  - 4.6.2 Ensure that all Non-Medical Prescribers within the team are aware of policies and procedures relating to prescribing.

- 4.6.3 ensures that appropriate supervision is in place (CPD is supported for NMP's) and that the non-medical prescriber has an annual appraisal.
- 4.6.4 Promptly inform the Trust Non-Medical Prescribing Lead without delay in the event that the prescriber is suspended or there is an identified competence issue, or incomplete CPD evidence with the practitioner being suspended from prescribing and their status being noted on the Trust NMP database.

<b>Divisional Responsibility</b>
Each Division should appoint a non-medical professional who will act as lead on Non-medical prescribing oversight
NMP lead should have the assurance through the divisional leads that NMP is embedded and over seen by divisional governance reporting.
Divisions will include consideration of Non-medical prescribing opportunities in all workforce planning decisions and identify where gaps in NMP provision exist
Divisions will consider training priorities through LBR and support LEaD in producing an annual training needs analysis for Non-Medical Prescribing training
Divisions must ensure that staff have the requisite training and experience before progressing applications for NMP training
Divisions are expected to monitor NMPs within their Division and ensure that <ul style="list-style-type: none"> <li>• NMPs are on the Trust register prior to prescribing via the NMP administrator.</li> <li>• NMPs entry on the register has their correct contact details.</li> <li>• NMPs complete an annual audit.</li> <li>• NMPs who leave the organisation or move to non-medical prescribing roles are removed from the active register</li> <li>• NMPs who are subject to conditions of practice, suspended or barred from non-medical prescribing are suspended on the active register</li> <li>• Each division is responsible for the quality assurance of e verification.</li> </ul>
Divisions need to ensure that there is sufficient resource to support trainees and qualified NMPs. This should include <ul style="list-style-type: none"> <li>• Sufficient appropriately qualified designated medical prescribers (DMP) to support the whole term of the trainee's NMP training.</li> <li>• resources to ensure that newly qualified NMPs are carrying out a role where they can prescribe regularly especially within the first year after qualification</li> <li>• suitably qualified mentors who can oversee and support the development plan of newly qualified NMPs to ensure that they transition towards independent prescribing</li> <li>• resources to ensure the qualified NMPs can access appropriate clinical supervision and CPD in line with the requirements</li> </ul>

4.7 Within all Divisions a **Non-Medical Prescribing Forums** will be developed by a nominated **Non-Medical Prescribing Divisional Lead**, who will:

- 4.7.1 Support Non-Medical Prescriber in developing robust and evidence based practice.
- 4.7.2 Act as a resource for advice if issues of concern are identified.

#### 4.8 Duties of Prescribers

4.8.1 The **Potential Non-Medical prescriber:**

- Ensure that they have agreement from their Line Manager to undertake the training
- Ensure that their role will enable them to utilise NMP skills in the future

- Apply for the Non-Medical prescribing course once they have completed pre-training as laid out in the “Procedure for Non-Medical Prescribing”.
- Ensure that a DMP is available and willing to support their clinical supervision.

4.8.2 Undertake their training in accordance with the Non-medical Prescribing “Procedures for Non-Medical Prescribing”

4.8.3 Notify the professional body, their Trust Non-medical Prescribing Lead and their line manager once they have qualified and complete actions laid out in the Non-medical Prescribing “Procedures for Non-Medical Prescribing”

#### 4.9 **Qualified Non-Medical Prescribers:**

4.9.1 Must liaise with his/her Unit / Team Lead in ensuring that their current Job description reflects their prescribing role;

4.9.2 May wish to have professional indemnity insurance through a professional body or trade union. Whilst the Non-Medical Prescriber is covered via vicarious liability of the Trust when undertaking prescribing duties that are in the normal course of their work this additional liability protection may be desirable.

4.9.3 Must not prescribe for family, friends or for him/herself (refer to MCAPP, SH CP001);

4.9.4 Is personally accountable for his or her own practice, which means that s/he is answerable for actions and omissions regardless of advice or directions from another professional according to each registered practitioner’s professional code;

4.9.5 Must recognise the limits of his/her role and professional competence, and only undertake practice and accept responsibility for those activities in which they are competent, referring to other healthcare professionals where appropriate;

4.9.6 Will educate the patient in the management of their medicines as an aspect of good prescribing practice;

4.9.7 Must follow the Yellow Card Scheme for the reporting of adverse reactions (Medicines and Healthcare Products Regulatory Agency), and this action must be recorded in the patient record;

4.9.8 Is required to receive documented supervision that relates to his/her role as a Non-Medical Prescriber at least on a quarterly basis;

4.9.9 Must keep up to date with best practice in the management of the conditions for which they prescribe and evidence this within their annual appraisal, maintaining a portfolio of evidence.

4.9.10 Complete an annual e verification of their practice in order to ensure that the SHFT NMP register is up to date and this should detail how frequently they are prescribing in the course of their role.

4.9.11 Inform the Trust NMP lead if there are any changes to their role, contact details or area of practice. Additionally they should also advise the Trust NMP Lead and NMC if there are any changes that affect their prescribing status or practice such as no longer prescribing regularly.

- 4.9.12 Access CPD at least 4 times per year via the routes detailed in the “Procedure for Non-Medical Prescribing”.
- 4.10 The **approved Independent prescriber** (in the context of supporting a Supplementary prescriber) will:
  - 4.10.1 Be responsible for ensuring the Supplementary Prescriber will prescribe safely
  - 4.10.2 Be responsible for meeting with the Supplementary Prescriber regularly, preferably monthly in supervising and assuring the quality of prescribing practice, and reviewing Clinical Management Plans;
  - 4.10.3 Discuss any issues of concern about the Supplementary Prescriber’s prescribing practice with the Supplementary Prescriber and escalate if necessary to the prescriber’s line manager or the Trust NMP Lead
  - 4.10.4 The independent prescriber when acting as supervisor can in exceptional circumstances recommend to the line manager that the Supplementary Prescriber’s right to prescribe within the Trust be removed. Any such recommendation must be made in writing.

## 5. **Non-Medical Prescribers Register**

- 5.1 An up-to-date register of NMPs will be maintained within SHFT by the NMP administrator.
- 5.2 All changes of details are to be notified to the administration support.
- 5.3 **The NMP Register** must contain:-
  - 5.3.1 The Non-medical Prescribers Name
  - 5.3.2 NMC pin number, HCPC or GPhC number
  - 5.3.3 Qualification & Specialty: e.g. RMN, working as CPN
  - 5.3.4. Date of qualification if newly qualified
  - 5.3.5 Base and contact details
  - 5.3.6 Eligibility to prescribe – Independently, Supplementary or both (This information can be found on the ‘NMP Practice Agreement’ which is Appendix H in the “Procedures for Non-Medical Prescribing”).
- 5.4 **The NMP** must notify the NMP administrator of a change of details for any of the following:-
  - 5.4.1 Change of name
  - 5.4.2 Change of base and contact number
  - 5.4.3 Change of NMC pin number, HCPC number or GPhC number
- 5.5 **The line manager of an NMP** must inform the Trust NMP administrator of any of the following:-
  - 5.5.1 Termination of employment of an NMP

5.5.2 Suspension from practising

5.5.3. Appointment of qualified NMPs not currently on SHFT register

## 5.6 **Monitoring of NMP activities**

5.6.1 Non-Medical Prescribers are required to engage in an annual e verification of their prescribing practice with support from the NMP Divisional Lead, using an appropriate audit tool.

5.6.2 Non-Medical Prescribers are required to maintain an up to date Portfolio, competence document and undertake documented NMP related clinical supervision which should be available for annual appraisal.

5.7 Data related to prescribing practice of Non-medical prescribers' practice will be gathered through Tableau information that the Chief Pharmacist should request at least quarterly

5.8 NMP may be subject to a random sampling of portfolio performance annually by the NMP lead for the Trust.

## 6. **Training Requirements**

6.1 The Divisional senior teams will work with LEaD to prepare an annual training needs analysis that will identify the requirement for NMP courses.

6.2 **Prior to undertaking the Non-Medical Prescriber** course the applicant must have demonstrated underpinning assessment and diagnostic skills as detailed in the "Procedures for Non-Medical Prescribing" (Appendix B).  
It is a requirement of all applicants to have identified a Designated Medical Practitioner to support them through their training **prior** to starting the Non-Medical Prescriber course (Appendix E in Procedures for Non-Medical Prescribing").

6.3 **Training as NMP:** Non-Medical Prescribers are required to have completed an approved non-medical prescribing educational programme in a recognised Higher Education Institute, in accordance with the requirements set by their registering professional body.

6.4 **After completing training as an NMP.** Upon successful completion of the approved educational programme, the registered health care practitioner is required to register as a non-medical prescriber with their professional body, prior to commencing prescribing practice.

6.5 **Transferring from another organisation into SHFT:** the registered healthcare practitioner who has practiced as an Non-medical prescriber in another organisation must present evidence of their practice and should refer to the "Procedures for Non-Medical Prescribing" for further information

6.7 NMPs who are not actively prescribing or not participating in regular supervision or not undertaking CPD will be considered to be inactive on the SHFT NMP register. They will not be issued with a prescription pad and any prescription pads will be recalled until they can demonstrate that their knowledge, skill and competence are current. In order to appear on the active register they must demonstrate that they have

- worked with an active prescriber to develop an NMP practice agreement
- completed their required CPD
- undertaken the required supervision
- completed the competency document and had this signed by an Independent Prescriber

## 7. Monitoring Compliance

7.1 Compliance will be monitored in the following ways

7.1.1 Non-Medical Prescribers are required to engage in an annual audit e verification.

7.1.2 Data related to prescribing practice of Non-medical prescribers' practice will be gathered through Tableau information that the Chief Pharmacist should request at least quarterly

7.2 Completion of CPD, Clinical supervision, maintenance of a portfolio and completion of the annual audit are requisites of continuing practice.

7.3

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Monitoring of NMP prescribing activity	Chief Pharmacist	Tableau data and divisional monitoring.	Quarterly	Via MMC
Monitoring NMP supervision and CPD	Divisional NMP Lead	Audit	Annual	NMP annual report to MMC
NMP register audit	Divisional NMP Leads/Trust NMP Lead	Audit completion	Annual	NMP annual report to MMC

## 8. Policy Review

8.1 This policy will be reviewed at least annually at the Medicines Management Committee to ensure that it is still compliant with current regulations and guidelines.

8.2 The policy will also be reviewed when changes in current practice, law or regulations come into effect

8.3 Formal review of the policy will take place no later than April 2017

## 9. Associated Documents

9.1 MCAPP (SH CP 01)

9.2 Procedures for Non-Medical Prescribing

9.3 Physical Assessment and History Taking Policy

9.4 Medication Administration Competency Assessment Toolkit

9.5 Professional Registration Policy

9.6 Adverse Incidents Policy

9.7 Records Management Policy

9.8 Clinical Supervision Policy

## 10. Supporting References

- 10.1 Chartered Society of Physiotherapists (CSP) <http://www.csp.org.uk>
- 10.2 Department of Health (2006) *Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England*. DH, London
- 10.3 GPhC (2010) *Standards of Continuing Professional Development*. GPhC, London 10.4 GPhC (2010) *Pharmacist Independent Prescribing – Programme Learning Outcomes and Indicative Content*. GPhC, London
- 10.4 Health Professions Council (HPC) <http://www.hpc-uk.org>
- 10.5 NMC (2006) *NMC Standards of Proficiency for Nurse and Midwife Prescribers*, NMC, London
- 10.6 NMC (2008) *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives*. NMC, London
- 10.7 Flittock A (2010) *Non-Medical Prescribing by Nurses, Optometrists, Pharmacists, Physiotherapists, Podiatrists and Radiographers. A Quick Guide for Commissioners*. Liverpool: National Prescribing Centre.
- 10.8 HEE (2018) *Guidance Document For Non-Medical Prescribers Employed in Community Organisations*

## Appendix 1 LEaD (Leadership, Education & Development) Training Needs Analysis

If there are any training implications in your policy, please make an appointment with the LEaD department (Louise Hartland, Quality, Governance and Compliance Manager on 02380 874091) to complete the TNA **before** the policy goes through the Trust policy approval process.

Training Programme	Frequency	Course Length	Delivery Method	Trainer(s)	Recording Attendance	Strategic & Operational Responsibility
Independent and Supplementary Prescribing Part 1 Applied Pharmacology and Medicines Management  Independent and Supplementary Prescribing Part 2 Prescribing in Practice HEI Level 6 or 7	Once	6mths Part 1 and 2	Taught course and assessment in practice via a Designated Medical Practitioner (DMP)	Higher Educational Institution (HEI)	HEI	Non-Medical Prescribing Lead and Divisional Leads
Continuous Professional Development	On-going	Minimum 4 Times a year	Self-directed study, attendance at face to face CPD as set out in the Procedures for Non-Medical Prescribing	various	E verification	Non-Medical Prescribing Lead, Divisional Leads and Educational Lead
Directorate	Division	Target Audience				
MH/LD	Adult Mental Health	All Health Care Professionals required as part of their role to practice as a Non-Medical Prescriber				
	Learning Disability Services	All Health Care Professionals required as part of their role to practice as a Non-Medical Prescriber				
	Older Persons Mental Health	All Health Care Professionals required as part of their role to practice as a Non-Medical Prescriber				
	Specialised Services	All Health Care Professionals required as part of their role to practice as a Non-Medical Prescriber				
	TQtwentyone	All Health Care Professionals required as part of their role to practice as a Non-Medical Prescriber				
ICS	Adults	All Health Care Professionals required as part of their role to practice as a Non-Medical Prescriber				
	Children's Services	All Health Care Professionals required as part of their role to practice as a Non-Medical Prescriber				
	Specialist Services	All Health Care Professionals required as part of their role to practice as a Non-Medical Prescriber				
Corporate Services	All (Workforce & Development, Finance & Estates, Commercial)	Pharmacy.				

## Appendix 2: Equality Impact Assessment

The Equality Analysis is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by the Equality Act 2010.

### Stage 1: Screening

<b>Date of assessment:</b>	February 2014
<b>Name and job title of person completing the assessment:</b>	Ricky Somal: Equality and Diversity Lead
<b>Name of Policy/Service/Paper</b>	Policy for Non-Medical Prescribing
<b>Responsible department:</b>	
<b>Intended equality outcomes:</b>	<p>This policy sets out the standards for Non-Medical Prescribing within Southern Health NHS Foundation NHS Trust. It will ensure that the working practices of Nurses and AHPs training or undertaking this extended role as independent, supplementary or community nurse prescribers are safe, effective and carried out in accordance with current guidelines and legislation.</p> <ul style="list-style-type: none"> <li>• service user is treated as a partner in their care and is involved at all stages in the decision making</li> <li>• respond to individual communication needs:</li> <li>• improve service user care without compromising their safety</li> <li>• make it easier for service users to get the medicines they need</li> <li>• increase service user choice in accessing medicines</li> <li>• make better use of the skills of health professionals</li> </ul>
<b>Who was involved in the consultation of this document?</b>	<p>Please outline consultation process and any plans in regard to minimising the impact on adverse health and wellbeing (patients and staff):</p> <p><b>Consultation methods:</b></p> <p><b>Data and Research:</b></p>

**Please describe the positive and any potential negative impact of the policy on service users or staff.**

**In the case of negative impact, please indicate any measures planned to mitigate against this by completing stage 2.** Supporting Information can be found by following the link:

[www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

Protected Characteristic	Positive impact	Negative impact
Age		No negative impacts identified at this stage of screening
Disability	<p>Southern Health recognises that people may not identify themselves as disabled and may be reluctant to do so. This can be a sensitive matter. Specific actions are in place to promote equal opportunity including: provision of reasonable adjustments; equality, diversity and human rights policy and staff training in regard to disability, raising awareness of Access to Work and PEEPS.</p> <p>The medical practitioner and non-medical prescriber must ensure that every attempt is made to gain informed consent. The consent must be gained with the service user fully understanding what they are consenting to. The information must be presented in an accessible manner/format or language.</p> <p><b>Incapacity, consent issues and medication:</b> If a service user lacks capacity and is unable to give consent, the law does not allow a service user's relative to consent to treatment, or a carer to provide such consent on their behalf.</p>	No negative impacts identified at this stage of screening
Gender reassignment	<p>Southern Health recognises and understands that generally, direct discrimination arises when an individual is treated less favourably than another because of their gender reassignment. For example, failure to deal with a transsexual woman in the same manner as other women would be direct discrimination; however, even if she is treated in the same manner, indirect discrimination may still arise if an apparently neutral policy, rule, practice or guideline is applied generally but particularly disadvantages transsexual people.</p>	No negative impacts identified at this stage of screening
Marriage & Civil partnership	<p>Gay and Lesbian couples are able to register their civil partnerships which give them many of the same rights as a married couple. The Equality Act 2010 protects employees who are in a civil partnership, or marriage, against discrimination.</p> <p>Same-sex couples who register as civil partners have the right to equal treatment with married couples in a wide range of matters including employment and vocational training. Whatever benefits</p>	<p><b>Direct discrimination</b> occurs when someone is treated less favourably than another person because they are in a civil partnership or married.</p> <p><b>Indirect discrimination</b> can occur where the effect of a rule, policy or a practice in a company could disadvantage people who are in a civil partnership or marriage. Indirect discrimination can be justified only if the practice is necessary for the way the business works, the employer can show they have looked at less discriminatory alternatives, and there is no other way of</p>

	married employees and their spouses are given must be provided to employees who are in civil partnerships and to their civil partners. This includes survivor pensions, flexible working, statutory paternity pay, paternity and adoption leave, health insurance or time off before or after marriage / registration.	achieving it.
Pregnancy & maternity	<p>The <i>purpose</i> of the law is to:</p> <ul style="list-style-type: none"> <li>• protect the health of mothers and their babies</li> <li>• minimise the difficulties and disadvantages that working women face because of giving birth and having children.</li> </ul> <p>The beginning of pregnancy to the end of maternity leave is a 'protected period' during which a woman is entitled to special consideration if this is necessary to make good any disadvantage she may otherwise experience.</p>	No negative impacts have been identified at this stage of screening
Race	If a patient or carer's first language is not English – interpretation may be required. All staff should be aware of the interpretation policy and guidelines.	No negative impacts have been identified at this stage of screening.
Religion	Southern Health has an active Spirituality and Chaplaincy Committee, Equality Impact Group, Diversity Champions Network and Human Resources team to provide support, advice and guidance in regard to the impact of organisational change and religion/belief/non-belief.	No adverse impacts have been identified at this stage of screening
Sex	All non-medical prescribers working on behalf of the Trust must conform to the Trust's non-medical prescribing procedure.	No negative impacts have been identified at this stage of screening.
Sexual orientation	<p>The Equality Act provides protection from discrimination because of sexual orientation. This includes orientation towards someone of the same sex (lesbian or gay men), opposite sex (heterosexual) or both sexes (bisexual).</p> <p>The law means that an organisation's recruitment and selection procedures, as well as employment policies must not discriminate because of sexual orientation.</p>	No negative impacts have been identified at this stage of screening.

## **Stage 2: Full impact assessment**

<b>What is the impact?</b>	<b>Mitigating actions</b>	<b>Monitoring of actions</b>