Non-Medical Prescribing within Planned Care Community Mental Health Teams

Why we have a procedure?

To promote legal, safe and effective non-medical prescribing within the area of speciality and to ensure standardised governance processes and safe practice in all aspects of Non Medical prescribing within Planned Care Community Mental Health Teams.

To support the development and implementation of non-medical prescribing throughout the mental health division of the Trust.

The objectives of this SOP are as follows:


- To define the roles and responsibilities related to NMP practice for the Organisations Planned Care Community Mental Health Teams.

- To outline the NMP Pathway within Planned Care Community Mental Health Teams.

- To ensure the highest standards of NMP practice within the service and to minimise the associated risks,

- To demonstrate competence within the two domains (the Consultation and prescribing governance) that outlined within the Prescribing Competency framework (Royal Pharmaceutical Society, 2016).

- To promote a consistent and best practice approach to non medical prescribing, aligning practices over Wolverhampton and Sandwell Planned Care Community Mental Health Teams.
**What** overarching policy the procedure links to?

**The BCPFT Non Medical Prescribing Policy**

Please note this policy should also be read in conjunction with:

- BCPFT Non Medical Prescribing Policy
- BCPFT Administration of Medicines Policy
- BCPFT Medication Errors Policy
- BCPFT Medicines SOP 4 – Security of FP10 Pads
- The Management of Depot / Long Acting Injections (LAI) Within Community Mental Health Services SOP
- BNF

Trust Policies can be found on the Trust Intranet site: [http://luna.smhsct.local/documents/operational-policies](http://luna.smhsct.local/documents/operational-policies). If you cannot find the Policy you are looking for then please contact the relevant service manager.

**Which** services of the trust does this apply to? **Where** is it in operation?

Complete the table below

<table>
<thead>
<tr>
<th>Group</th>
<th>Inpatients</th>
<th>Community</th>
<th>Locations</th>
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<tr>
<td>Learning Disabilities Services</td>
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<td>Children and Young People Services</td>
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**Who** does the procedure apply to? (staff roles and responsibilities)

**Medical Director** Executive Lead

- Lead responsibility for the implementation of this Standard Operating Procedure.
- Allocation of resources to support the implementation of this Standard Operating Procedure
- Chair of the Trust’s Medicines Management Committee

The Medical Director is responsible for ensuring:

- The Trust’s overall duty for medicines management is discharged appropriately
• A systematic and consistent approach for the safe and secure handling of medicines

**Chief Executive (Accountable)**
The Chief Executive is responsible for assuring that this Standard Operating Procedure is implemented within the Trust. Operational responsibility has been delegated.

**Chief Pharmacist (Lead)**
The Chief Pharmacist is responsible to the Medical Director for all aspects of the safe and secure handling of medicines within the Trust.

**Matrons /Service / Team Managers / Trust Pharmacy Team (Day to Day Monitoring)**
To support the implementation and monitoring of this Standard Operating Procedure. To provide support and advice to all staff involved in the prescribing of medicines as necessary all incidents, complaints and claims relating to this area of practice and Standard Operating Procedure are reported.

**Clinical Directors, Divisional Directors, Divisional Managers, (Operational Leadership)**
are responsible for implementing the specific clinical requirements of this Standard Operating Procedure. These specific responsibilities relate to professional conduct, clinical competence, training needs analysis, competence assessment and clinical decision making. In addition this group will be responsible for the day-to-day implementation of the Standard Operating Procedure ensuring that:

• All staff are aware of their role under the Standard Operating Procedure
• Staff have received sufficient training and/or are competent to implement the Standard Operating Procedure
• Appropriate SOP distribution, implementation and compliance throughout relevant teams and services within their group
• Professional standards of record keeping are maintained
• Lead discussions around this topic area and SOP at Group Quality and Safety Group meetings
• Oversee the completion of audits in respect of this topic area and SOP
• Provide updates on this SOP within their Group to the Quality and Safety Steering Group
**Trust / Divisional NMP Lead**

- Responsible for maintaining the divisional NMP database
- Responsible for maintaining NMP staff files to provide assurance of appropriate governance processes are in place for each NMP
- Eligibility to prescribe
- Registration on the NMC Professional body’s register
- Competence and approval / scope of practice to prescribe
- Responsible for completing a ‘Notification of Newly Qualified Non-Medical Prescriber’ form to confirm the NMP’s eligibility to prescribe and submitted to the Prescription Pricing Group of the NHS Business Services Authority.
- Responsible for notifying the divisional pharmacy team of the NMP’s eligibility to prescribe and to arrange the issuing of prescription pads
- Lead responsibility in the coordination of the Trust NMP Forum

**Non-Medical Prescribing Mentor / Designated Medical Prescriber**

To ensure that NMP’s have access to all of the support they need in providing advice, guidance and supervision. The NMP mentor / designated medical prescriber will ideally work within the same service, allowing for partnership working with the NMP.

**All registered Non-Medical Prescribers (NMP’s) within Planned Care Community Mental Health Teams.**

Independent Non Medical Prescriber - someone who is qualified to prescribe medicines on their own initiative from the British National Formulary; examples of independent prescribers are doctors, independent nurse prescribers and independent pharmacist prescribers.

Supplementary Non Medical Prescriber - someone who is qualified to prescribe medicines in accordance with a patient-specific clinical management plan; the plan is agreed between the doctor, the supplementary prescriber and the patient.

**The Individual Responsibilities of the NMP**

- Each newly qualified non-medical prescriber is responsible for checking with their professional body to ensure that their qualification is recorded on the relevant professional register before they will be considered able to prescribe within the Trust
• Newly qualified non-medical prescribers will be required to provide evidence of their non-medical prescribing registration to the Trust / Divisional Non-Medical Prescribing Lead.

• Whilst the Trust retains vicarious responsibility for the NMP as part of their professional duties, all NMP’s should ensure that they have adequate professional indemnity insurance through membership of a professional organisation or trade union, providing this cover e.g. Royal College of Nursing.

• Newly qualified non-medical prescribers must complete the ‘Approval to Practice’ Form (Appendix 1) to declare their competence to prescribe and define their scope of prescribing practice.

• The NMP is responsible for reporting any role changes through updating and submitting an ‘Approval to Practice’ form to the Divisional NMP lead on an annual basis as a minimum requirement through PDR processes and submitted to the Divisional NMP Lead.

• The NMP is responsible for completing a Competency / Scope of practice form (Appendix 2) annually to confirm the NMP’s prescribing competency and to reflect any change in practice. The competency sign off should be discussed within the PDR process and submitted to the Division.

• The Competency / Scope of practice form must be signed by the Line Manager and Designated Medical Prescriber / NMP Supervisor.

• The NMP’s within Planned Care Community Mental Health Team will have an NMP addendum (Appendix 3) included in their job description and a copy of this addendum will be kept in their personal file.

• The NMP will adhere to record keeping standards as outlined by Trust policy and NMC record keeping standards.

• The NMP should agree supervision arrangements with their line manager in the first instance.

• The NMP is responsible for maintaining a reflective log of the NMP’s prescribing activity including local supervision meetings, any prescribing related incidents and CPD. This reflective log should be reviewed in local clinical supervision sessions and discussed at individual performance development reviews. A summary should be forwarded to the Divisional NMP lead.

• The NMP will attend at least 2 out of the 4 quarterly Trust NMP Forums.
• The NMP will attend a minimum of four NMP related supervision sessions, including Peer supervision sessions, annually, in accordance with the Trust NMP policy and a record of the supervision dates will be recorded on the competency form.

• The NMP is responsible for providing evidence of continuous supervision at annual appraisal

• The NMP is responsible for attending training updates relevant to their NMP practice

• The NMP will work within their own level of professional competence and expertise

• To recognise when clinical problems are beyond their competence and seek advice and refer to other professionals with more clinical expertise.

• The NMP is professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person.

• The NMP is responsible for adhering to the governance standards of the storage and security of FP10 Prescription Forms as outlined within the Standard Operating Procedure for Security of FP10 Prescription Forms

• The NMP will prescribe medications in accordance with the latest and best available evidence based practice, taking into account the role of the British National Formulary and NICE Guidelines

**When** should the procedure be applied?

To promote legal, safe and effective non-medical prescribing and to support the development and implementation of non-medical prescribing throughout the Trust Planned Care community mental health services

**How** to carry out this procedure

• NMPs will prescribe medication to manage Patients symptoms as described by the Patient and / or evident on assessment.

• NMPs will only prescribe for Patients under Planned Care services or Patients attending Clozapine clinics.
• On gaining NMP registration, the NMP will complete a three month period of supervised practice with the Designated Medical Prescriber / NMP Supervisor in order to support a three month period of supervised prescribing.

• Following this three month period, the NMP will then move to independent prescribing.

• The NMP will arrange all face to face Patient Clinical reviews and provide contact details for both in and out of hours services for use in the event of Patient medication concerns

• NMP’s will only prescribe medicines from within the Trust medicines formulary. A copy of this can be located on the intranet.

• NMP’s within Planned Care Mental Health Teams will prescribe Depot / LAI injections for Patients as required through completion of a community treatment card.

• NMP’s within Planned Care mental health services should be particularly vigilant around prescribing practices for Benzodiazepine medications.

• NMP’s within Planned Care Community Mental Health Services will prescribe medications for Patients using the following agreed methods:
  ➢ FP10 prescription pads
  ➢ Community Treatment cards
  ➢ Polarspeed Pharmacy Prescriptions / Rewrites
  ➢ Clozapine prescription sheets
  ➢ Clinical letters (Advice slips) to a Patient’s GP summarising the NMP Patient assessment and requesting the GP to prescribe the recommended medication for the Patient

• When prescribing medication for a Patient, the NMP will complete and issue the FP10 prescription at the point of assessment, (or forward an advice slip to the Patient’s GP) or complete the community treatment card at the earliest opportunity for depot / LAI I.M medications

• The NMP should record all completed and destroyed prescriptions on a Prescription Pad Audit Trail and Monitoring Form (Appendix 4). These records should be maintained for a period of 2 years in accordance with the Trust Retention and Destruction of Patient related Records Policy.

• In the event of an emergency situation, due consideration will be given following consultation between the client’s Responsible Clinician and the NMP, as to
whether an emergency prescription can be provided where clinical judgment is made that the benefit to the client outweighs any potential risk

- The NMP will document the assessment and prescribing decision in the relevant Patient case notes in accordance with Trust record keeping policy / NMC record keeping standards.

- If a non-medical prescriber suspects that a patient is experiencing / has experienced a drug reaction to a medicine or combination of medicines, the non-medical prescriber will inform the clinician responsible for the patients continuing care.

- The NMP will evaluate the suspected adverse drug reaction in accordance with the guidance issued by the Committee on Safety of Medicines and decide if a “yellow card” needs completing to notify the Committee of a suspected drug reaction. All serious suspected reactions to established drugs and all suspected adverse reactions to black triangle drugs should be reported through the Yellow Card Scheme at: www.yellowcard.mhra.gov.uk

- The NMP should complete an incident form through the Trusts “DATIX” electronic incident reporting system.

**Where** do I go for further advice or information?

Chief Pharmacist  
Clinical Director  
Director of Nursing  
Responsible Clinician  
Trust or Divisional NMP Lead  
British National Formulary

**Training**

Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development needs for their role and responsibilities. Please refer to the Trust’s Mandatory & Risk Management Training Needs Analysis for further details on training requirements, target audiences and update frequencies.

**Monitoring / Review of this Procedure**

In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.
Equality Impact Assessment
Please refer to overarching policy - BCPFT Non Medical Prescribing policy

Data Protection Act and Freedom of Information Act
Please refer to overarching policy - BCPFT Non Medical Prescribing Policy
Appendix 1

Non-Medical Independent Prescribing - Approval To Practice Form

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<th>Prescriber’s Full Name:</th>
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<tr>
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<td>Registration Number:</td>
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<td>Date of Qualification:</td>
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<td>Base:</td>
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<td>e-mail address:</td>
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<td>Contact No.</td>
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**Clinical Speciality / Field of Service:**

**Prescribing Areas** Clinician and manager define the prescribing area of practice here:

Does your service have an agreed formulary approved by the Trust’s Medicines Management Committee  Yes/No

**Parameters of Prescribing** – *Prescribing from defined chapters in BNF: Prescribing for specified conditions and or formulary of drugs: or supplementary prescribing in partnership with a doctor as per an agreed clinical management plan.*

Please enter details of skills, knowledge and evidence of relevance to clinical responsibilities in this clinical area and any related competency framework:

**Additional Comments**
Statement of Entry of current registration for prescribing has been checked  Yes □

Signature of Manager / Divisional NMP Lead
......................................................................................................................

The Approval To Practice Form must be reviewed and updated at Annual Review/Appraisal or earlier if area or field of practice changes: Copies to 1. Non-Medical Prescriber 2. Personal File 3. Shared with Group NMP Lead annually

1 Please confirm the following:-

I confirm that I have my own Professional Indemnity Insurance (Covered through Trust) □

I understand that I will not receive additional remuneration for undertaking non-medical prescribing duties □

My Job Description includes/has been amended to include Non-Medical Prescribing responsibilities □

I have read and understood the Trust’s “Non-Medical Prescribing Policy” □

I undertake to fulfil my ongoing CPD requirements as described in the Policy □

Approval

I am aware that ____________________________ is qualified to practice as a Non-Medical Prescriber and I support this practice in his/her current role in the Trust.

Name of Manager ______________________________

Signature of Manager ________________ Date _____

Name of Divisional Non-Medical Prescribing Lead ______________________________

Signature of Divisional Non-Medical Prescribing Lead ________________ Date _____
Appendix 2

BCPFT NMP CPD Document

2 Competency Sign Off / Scope of professional practice agreement:

I agree to undertake Non Medical Prescribing (NMP). I understand that to prescribe I agree to keep my professional competency to agreed standards. I will only prescribe within the sphere of my professional competency.

Name NMP
Date

Clinical area for Non-Medical Prescribing:

The Consultation (Competencies 1-6)

ASSESS THE PATIENT
1.1 Takes an appropriate medical, social and medication history including allergies and intolerances.
1.2 Undertakes an appropriate clinical assessment.
1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient’s management to date.
1.4 Requests and interprets relevant investigations necessary to inform treatment options.
1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).
1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.
1.7 Reviews adherence to and effectiveness of current medicines.
1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.

2: CONSIDER THE OPTIONS
2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.
2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).
2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.
2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).
2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.
2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.
2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.
2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost effectiveness.
2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.

2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.

3: REACH A SHARED DECISION
3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.
3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.
3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.
3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.
3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.
3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.

4: PRESCRIBE
4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and unwanted effects.
4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.
4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).
4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.
4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG5 and medicines management/optimisation) to own prescribing practice.
4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.
4.7 Considers the potential for misuse of medicines.
4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).
4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.
4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).
4.11 Only prescribes medicines that are unlicensed, ‘off-label’, or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient’s clinical needs.
4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.
4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/information.

5: PROVIDE INFORMATION
5.1 Checks the patient/carer’s understanding of and commitment to the patient’s management, monitoring and follow-up.
5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).
5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.
5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.
5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.

6: MONITOR AND REVIEW
6.1 Establishes and maintains a plan for reviewing the patient’s treatment.
6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.
6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.
6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.

7: PRESCRIBING GOVERNANCE (COMPETENCIES 7-10)

7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.
7.2 Knows about common types and causes of medication errors and how to prevent, avoid and detect them.
7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.
7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).
7.5 Keeps up to date with emerging safety concerns related to prescribing.
7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.

8: PRESCRIBE PROFESSIONALLY
8.1 Ensures confidence and competence to prescribe are maintained.
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.
8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).
8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.

9: IMPROVE PRESCRIBING PRACTICE
9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.
9.2 Acts upon colleagues’ inappropriate or unsafe prescribing practice using appropriate mechanisms.
9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).

10: PRESCRIBE AS PART OF A TEAM
10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.
10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other’s roles in relation to prescribing.
10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.
10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.

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Job Description Amendment for Non-Medical Prescriber
This is an addition to terms and conditions to the Practitioner’s current job description.

To be included in Job purpose/summary:
To actively practice as a non-medical prescriber with a specified case-load of service-users within the respective service within a clinical setting.

To include in job role:

- Responsible for undertaking and fulfilling this complex and specialist role to benefit service user access to treatment.
- To work alongside and in partnership with medical colleagues in delivering treatment in the most timely and efficient manner.
- To actively prescribe for Service-users once annotated to NMC register and trust register.
- To use Trust approved documentation for recording assessment and prescribing decisions and disseminating all decision making to the service users, General Practitioner, Consultants and other prescribing colleagues.
- To actively manage a defined case-load within a specified service where non-medical prescribing will enhance service delivery.
- Will have an awareness and knowledge of own professional limitations. Is aware of how and where to refer for further professional advice and guidance
- To educate and update other clinicians regarding evidence base and most efficient and effective use of medicines in line with national guidance.
- To actively utilise clinical skills to conduct comprehensive service-user treatment reviews. This will involve a range of assessments and tailored interventions, which enable service-users to maintain their concordance with prescribed medication.
- To take a lead in rolling out nurse prescribing within their respective service, which includes dedicated time to promote benefits of clinical skill and educate clinicians.
- To actively access CPD opportunities regarding non-medical prescribing via trust based supervision group; and other appropriate workshops/training agreed through line manager to maintain competencies as required every twelve months.
- To utilise regular clinical and medical supervision, and engage in reflective practice.
- To participate in research and audit programmes both locally and nationally which pertains to evaluation of non-medical prescribing and the potential benefits to service-users.

To include in job specification:

Registered Non-Medical Prescriber:
Signed  ............................................................
Date    ............................................................

Line Manager:
Signed  ............................................................
Date    ............................................................
### PRESCRIPTION PAD AUDIT TRAIL & MONITORING FORM

**NB:** A new monitoring form must be completed each time a new prescription pad is received and ALL 50 serial numbers recorded.

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<th>Condition prescribed for</th>
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<th>Prescription number</th>
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# Standard Operating Procedure Details

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<td><strong>Policy Category</strong></td>
<td>Clinical - General</td>
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<td><strong>Executive Director</strong></td>
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<td>whose portfolio this SOP comes under</td>
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<td><strong>Policy Lead/Author</strong></td>
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<td><strong>Committee/Group Responsible for Approval of this SOP</strong></td>
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<td><strong>Next review due</strong></td>
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## Review and Amendment History

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<th><strong>Version</strong></th>
<th><strong>Date</strong></th>
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<td>1.0</td>
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