



Standard operating procedure

Prescribing Process Guidance for Non-Prescribing
Clinicians in General Practice

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INTRODUCTION

BACKGROUND

The guidance was developed following a learning event promoting the exploration of processes for medicine(s) prescribing and the role of non-prescribing clinicians within these. Practices are ultimately responsible for determining the processes they implement for prescribing medicines, and adoption of this guidance is optional.

The guidance was been developed in conjunction with key local stakeholders.

WHO THIS APPLIES TO

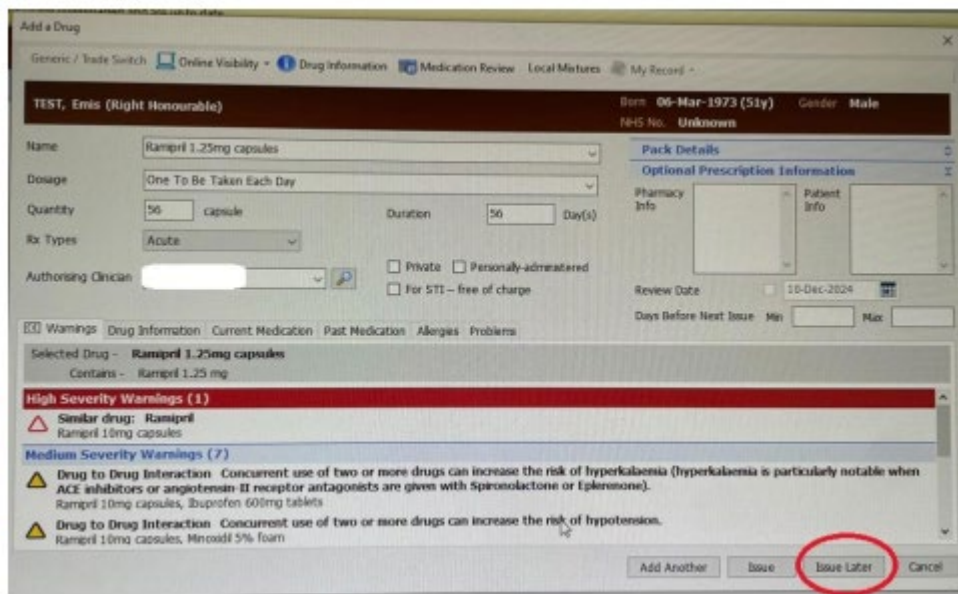
This document applies to all clinicians who are not qualified non-medical prescribers (NMPs) working in general practice settings in BNSSG and other individuals performing functions related to the organisation, such as agency workers, locums, and contractors. This includes those who may or may not be employed by the organisation but are working under the Additional Roles Reimbursement Scheme (ARRS).

PRINCIPLES

- All recommendations, initiation, amendments, additions, and authorisations of prescriptions should be made within the capabilities and competence of clinical staff. This is relevant for prescribers as well as non-prescribers
- Prescribers authorising any additions or changes to medication have the medico-legal responsibility for the treatment.
- Practices should ensure a robust audit and review process for clinicians who are not prescribers.
- Considering the principles above, practices should consider maximising the safety netting tools embedded in the EMIS digital system to ensure an effective prescribing system.

Initiating prescription only medication

1. Due to the risk of a prescriber transcribing medication incorrectly, non prescribing clinicians will add the medication to the EMIS medication screen as an “issue later” as shown below.



On the day med request

If the medication needs on the day authorisation the non-prescribing clinicians can then send an **URGENT** task to the on call practice GP for the session. This will include the request, ensuring all relevant information is documented within the consultation. The prescriber can then review and prescribe the medication if deemed clinically appropriate. Please also send a teams message to highlight the task that needs reviewing that day

Routine wait medication request

For a medication request that can be processed routinely 6-7 days the non prescriber will note the patients named GP.

The non prescriber will check the named GP is not on leave that week – If named GP is not on leave send **URGENT** task request - This will include the request, ensuring all relevant information is documented within the consultation. The prescriber can then review and prescribe the medication if deemed clinically appropriate.

If named GP is on leave then please send **Urgent task** as above to GP buddy

Amending medication

Practices are responsible for ensuring that non-prescribing clinicians have the knowledge and capabilities to make recommendations regarding medication changes. When changes are

required to prescribed medications, practices may or may not wish to adopt the same approach for medication initiation. This would include ensuring that the rationale for any amendment is documented.

When medication is prescribed within a dosage range, e.g., insulin/salbutamol, it is acceptable for non-prescribing clinicians to advise increases/decreases within the dose range if clinically appropriate and within the individual's capability and scope of practice.

Version Control

Date	Version	Author	Change Details
20/12/24	1	J Godfrey	SOP created