# INDEPENDENT PRESCRIBING (IP) GUIDANCE FOR COMMUNITY PHARMACY (IP Pathfinder)

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This guidance has been produced reflecting upon the Surrey Heartlands guidance for Multi Professional Prescribing (MPP) which was published for prescribers.

Community Pharmacy Surrey & Sussex, PO Box 1061A, Surbiton, KT1 9HJ

# Contents

# 1. Authors

This guidance was produced by Community Pharmacy Surrey and Sussex to support the community pharmacy Independent Prescribing Pathfinder project.

# 2. Background

Independent prescribing is prescribing by a specially trained pharmacist working within their clinical competence as an independent prescriber.

The pharmacies participating in the pilot:

NHS Sussex HRT Pathway (See Appendix 3)

- HA Baker Pharmacy Lewes East Sussex
- Arlington Road Pharmacy East Sussex

NHS Surrey Heartlands Blood Pressure Pathway (see Appendix 4)

- Victoria Chemist Banstead Surrey
- Kent Pharmacy East Moseley Surrey

NHS Frimley Pharmacy First Local (See Appendix 5)

- Windlesham Pharmacy Windlesham Surrey

Multi-professional prescribing (MPP) was formerly referred to as "non-medical prescribing" and known as independent prescribing; however, this newer term reflects a wider number of healthcare professionals who can prescribe within their scope of practice once they have completed an approved education programme and is more accurate and inclusive. This term is increasingly being adopted by professional bodies including the RPS who author the prescribing competency framework.

Multi-professional prescribing has been implemented in the UK since 1992. Its development over the years has seen changes in legislation, enabling the progression towards independent prescribing for nurses, pharmacists, and a range of allied health professionals (e.g. podiatrists, physiotherapists, radiographers, paramedics etc)

Since the inception of non-medical prescribing in the UK in 1992, the types of healthcare professionals that are now eligible to prescribe, and the range of medicines they are legally able to prescribe has grown. Multi-professional prescribers (MPPs) are a large and expanding workforce, who play an increasing role in supporting the clinical commissioning program for the modern NHS.

The principles that underpin multi-professional prescribing are:

- Improve patient care without compromising patient safety
- Make it easier for patients to get the medicines they need
- Increase patient choice in accessing medicines
- Make better use of the skills of health professionals
- Contribute to the introduction of more flexible teams working across the health service.

To check the registration of a Pharmacist IP, see Appendix 1.

# 3. Purpose

This document sets out a framework for the development and implementation of Independent Prescribing to support a consistent approach. It sets out the administrative and procedural steps to support patient safety and effective prescribing. The guidance is not mandatory and can be adapted to suit the needs of the pharmacy participating in the IP Pathfinder project.

The purpose of this document is to support prescribing IPs participating in the Pathfinder service to manage and govern robustly and includes:

- Prescribing benefits patient care by improving timely access to medicines
- Standards, systems and processes are in place to manage risk
- Professional and statutory obligations are met
- Clarification on accountability and responsibility
- Safe and effective multi-professional prescribing practice
- The viability of services within pharmacies with an Independent Prescriber

# 4. Scope

The scope of this document applies to all activity undertaken with the IP Pathfinder service by Pharmacist Independent Prescribers working within the pharmacies listed in section 2 under the direction of the service specification. Pharmacies will refer to their own SOP's, policies, and procedures from their employing organisation. As outlined in the Service Level Agreement, the pharmacy contractor must have a standard operating procedure (SOP) describing how the Pharmacist Independent Prescriber and relevant staff members will deliver and meet all the requirements of this service.
This guidance supports the framework required to deliver the Independent Prescribing Pathfinder Service and ensure a clinical governance process is adhered to.

NICE (National Institute for Health & Care Excellence) tasked the Royal Pharmaceutical Society (RPS) with managing the updates of future prescribing competency frameworks on behalf of all prescribing professions in the UK. The new guidance was published in September 2021 but was not effective until September 2022. This supersedes the previous guidance produced in 2016.

Key changes in the new RPS English Competency Framework

- *Issue around remote prescribing and preventing associated risks (page 17 of guidance)*
- *Social prescribing (page 10 of RPS English Competency Framework guidance)*
- *Eco-directed and sustainable prescribing. Reducing carbon footprint and considering the environmental impact of medications (page 19 of guidance)*
- *Advising on wellbeing and lifestyle changes (page 10 of RPS English Competency Framework guidance)*
- *The importance of patient factors including the assessment of patient literacy and understanding (page 14 of RPS English Competency Framework guidance)*
- *Shared decision making and informed choice (page 7 RPS English Competency Framework of guidance)*
- *Supporting values of equality, diversity, and cultural needs (page 11 o fRPS English Competency Framework guidance)*
- *Safety netting, signposting, and the need for a clear management plan (page 14 of RPS English Competency Framework guidance)*
- *Use of appropriate reporting systems, learning from errors and the use of prescribing audits (page 17 of RPS English Competency Framework guidance)*
- *Accountability for prescribing and clinical decisions under shared care protocols(page 18 of RPS English Competency Framework guidance)*
- *Prescribing for self, close family and friends (page 18 of RPS English Competency Framework guidance)*

- *Factors that can influence prescribing such as cognitive bias, financial gain and prescribing incentive schemes (page 18 of RPS English Competency Framework guidance)*

- *Taking responsibility for own learning and CPD. The need to support others learning and becoming a Designated Prescribing Practitioner (DPP) (page 19 of guidance)*

# 5. Types of Multi Professional Prescriber

Medical prescribers are independent prescribers and include doctors. Dentists are also independent prescribers.

### Multi-professional Prescribers (MPPs):

- MPPs are a range of healthcare professionals who have undertaken the appropriate training from an approved higher education institution to be able to prescribe medicines for patients as either an Independent or **Supplementary Prescriber**.

- **Independent MPPs** are prescribers who are practitioners responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing and any monitoring where necessary.

- Supplementary prescribing is a voluntary partnership between an independent prescriber who is either a doctor or dentist and a **supplementary prescriber** to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient's agreement. There are no legal restrictions on the clinical conditions that may be treated under supplementary prescribing, although it would normally be expected that this would be used for the management of chronic conditions.

- Independent and Supplementary MPPs are identified by an annotation next to their name in the relevant professional register with the level of prescribing they are qualified to undertake.

Under current legislation, the health professionals listed below can all undertake a further qualification to become an independent or supplementary MPP. The

below lists are not exhaustive and may be expanded following further legislation changes:

- Independent MPPs:
  - Nurses
  - Paramedics
  - Midwives
  - Pharmacists
  - Physiotherapists
  - Podiatrists
  - Optometrists
  - Therapeutic radiographers (specialists in using radiation to treat cancer and other medical conditions)

- Supplementary MPPs:
  - Dietitians
  - Nurses
  - Advanced paramedics
  - Pharmacists
  - Physiotherapists
  - Podiatrists
  - Optometrists
  - Diagnostic radiographers (specialists in using medical imaging techniques, suchas X-rays)
  - Therapeutic radiographers (specialists in using radiation to treat cancer andother medical conditions)

## 6. What can be prescribed by IP's (Prescribing rights of IPs see appendix 2)

Pharmacist independent IPs can prescribe any medicine for any medical condition. This includes unlicensed medicines, subject to accepted clinical good practice. They are also able to prescribe, administer, and give directions for the administration of schedule 2, 3, 4, and 5 controlled drugs. This extends to diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction. Pharmacist independent MPPs must work within their own level of professional competence and expertise. For information on Prescribing please see Appendix 2.

Supplementary prescribers can prescribe any medicines within their clinical competence and expertise according to the patient specific Clinical Management Plan (CMP) which has been agreed with an independent prescriber (medical doctor or dentist) and the patient. This can include schedule 2, 3, 4, and 5 controlled drugs.

This extends to diamorphine hydrochloride, dipipanone, or cocaine for treating organic disease or injury, but not for treating addiction. 'There are no legal restrictions on the clinical conditions that may be dealt with by a supplementary prescriber. Supplementary prescribing is primarily intended for use in managing specific long-term medical conditions or health needs affecting the patient. However, acute episodes occurring within long-term conditions may be included in these arrangements, provided they are included in the CMP.

The BNF gives a useful breakdown on what can be prescribed and by whom and is found here. The Medicines ethics and practice contains up to date information which can also be viewed here.

# 7. Responibilities of an Independent Prescriber

It is the responsibility of the IP to ensure that they have registered their prescribing qualification with their professional regulator, including payment of required fees, and have an annotation signifying that they have successfully completed the prescribing program to be legally allowed to prescribe.
IPs should ensure that they hold appropriate and adequate indemnity insurance for this role.

IPs should work within their own level of professional competence and expertise and are clinically responsible for any prescription that they issue.

IPs remain accountable for their own practice, should apply professionalism to all aspects of their practice and adhere to their own professional codes of conduct, standards, and guidance as well as this guidance.

IPs must accept individual, professional, and clinical responsibility for their prescribing decisions including actions and omissions, understand the legal and ethical implications and cannot delegate this responsibility to any other person.

IPs should prescribe within their own documented scope of practice and recognise the limits of own knowledge and skill; working outside of the documented scope of practice increases the risk of serious incidents resulting in serious harm to patients and untold distress to patients, their families and the IP involved.
IPs should make accurate legible and contemporaneous records and clinical notes of any prescribing decisions they make in line with requirements of the registering

body's standards for records. IPs should not prescribe for patients without reference to their clinical record. Where the clinical record is unavailable significant levels of caution should be applied.

IPs should apply professionalism in the following ways:

- Always introduces self and role to the patient and carer

Adapts consultations to meet the needs of different patients/carers (e.g. language, age, capacity, physical or neurological, learning disabilities)

- sensory impairments)
- Undertakes the consultation in an appropriate setting taking account confidentiality, consent, dignity and respect
- Maintains patient confidentiality in line with best practice and regulatory standards and contractual requirements
- Takes responsibility for own learning and continuing professional development
- Learns and improves from reflecting on practice and makes use of networks for support, reflection and learning
- Recognises when safe systems are not in place to support prescribing and acts appropriately.

To maintain professional responsibility for non-medical prescribing, the 'competency framework for all prescribers' should be applied to IPs. The 'competency framework for all prescribers' sets out what good prescribing looks like and aims to support IPs to be safe and effective prescribers who are able to support patients to get the best outcomes from their medicines. There are 10 competencies within the framework which are split into 2 domains. Within each of the 10 competency dimensions, there are statements which describe the activity or outcomes prescribers should be able to demonstrate:

- The consultation:
    - Assess the patient
    - Consider the options
    - Reach a shared decision
    - Prescribe
    - Provide information
    - Monitor and review

- Prescribing governance:
    - Prescribe safely
    - Prescribe professionally
    - Improve prescribing practice
    - Prescribe as part of a team

IPs should ensure they provide appropriate, evidence-based, safe, cost-effective prescribing at all times in line with local or national guidance and utilise any decision support software available e.g. OptimiseRx. Local guidance is available on the local formularies, and these should be referred to regularly to ensure formulary updates are reflected in clinical practice. Significant levels of caution should be applied if prescribing a medicine for the first time.
IPs should refer and prescribe in line with the 'Medicines Management Guide to Prescribing' which is available on the local formularies.

Sussex Partner Formulary
Surrey Formulary
Frimley Formulary

The guide provides a wide-range of resources and information around prescribing for GPs,but the same principles also apply to IPs.

IPs should follow the 'recommendations on the safe & secure management of NHS prescription stationery guidelines which are available here.

- Responsibility
- Ordering prescription forms
- Receipt of prescription forms and pads
- Record keeping and audit trails
- Storage of and access to prescription stationery
- Using prescription forms
- Security of forms outside the practice/clinic/base
- Posting prescription forms in the mail
- Reporting missing/lost/stolen/fraudulently presented NHS prescription forms
- Post incident investigation

IPs must have authorisation from the GP practice / primary care budget holder to prescribe on behalf of their patients.

IPs must ensure they have access to a budget from which to prescribe.

IPs prescribing on GP practice FP10 prescriptions must ensure that they obtain a prescriber code. For the Pathfinder CLEO will be used to generate prescriptions.
IPs must ensure they are set up on the computer system so that their prescriptions have the correct printed information on or, in indelible ink, with their details i.e. IP name, type of prescriber e.g. pharmacist, type of qualification e.g. independent prescriber, prescriber number (this is their professional body registration number),

pharmacy address and the cost centre, and should also meet the prescription writing legal requirements. The existing prescriber details on a prescription must never be tampered with or other prescriber details added, whether that be handwritten or by stamp.

If working in more than one pharmacy, the IP must ensure that they use the correct prescription for the pharmacy they are prescribing in, unless the clinical system for the pharmacy is electronically set up to print the IP details directly onto the prescription.

The patient can choose where to have the prescription dispensed.

To ensure clinical governance is maintained, IPs should only prescribe for a patient whom they have assessed for care. Significant levels of caution should be used if prescribing for patients who are not physically present or for walk-in patients where a diagnosis may be required.

IPs should ensure that patients are aware they are being treated by an IP and the scope of their prescribing practice may mean referral onto another healthcare professional if necessary.

IPs should ensure that they remain compliant with professional requirements in relation to CPD and mandatory training.
IPs should ensure that their current job description, person specification and/or service level agreement adequately covers their prescribing role.

IPs should inform their employing organisation and Mentor if their job role or registration details changes, or if they acquire new skills and knowledge that would affect their prescribing practice.

IPs should identify a Mentor and meet with them regularly.

IPs should take part in the annual appraisal process and have a personal development plan (PDP) in place that is reviewed annually alongside their scope of practice.

IPs should understand and regularly use available tools to improve prescribing e.g. patient and peer review feedback, prescribing data analysis and audit. The ICB (Integrated Care Board's) Medicines Pharmacy & Medicines Optimisation Team can provide support and advice to interpret prescribing data.

IPs should use clinical supervision arrangements or equivalent as an opportunity for reflection on prescribing as well as other aspects of practice.
In addition to the above all prescribers should:

- Only prescribe in accordance with the Clinical Management Plan.
- Recognise when they are not competent to act and pass the prescribing responsibility prescribing back to the GP
- Pass prescribing responsibility back to the GP if the agreed clinical reviews are not carried out within the specified interval, if they feel that the patient's condition no longer falls within their competence or if the patient's condition deteriorates.
- Not agree to prescribe any medicine if they feel that their knowledge of medicines falls outside their area of competence.

# 8. Responsibilities of the line manager within the employing organisation

- To support the IP to identify a Mentor
- To ensure that the IP has the adequate skills and knowledge to carry out the IP role
- To check the registration and qualifications of the IP with the authorised regulatory body (see appendix 1 for checking registration of healthcare professionals). Certificates providing evidence of qualifications must be requested.
- To ensure that an Enhanced Disclosure and Barring Service (DBS) check is completed annually
- To be aware that when an IP is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions
- To agree the scope of practice with the IP
- To include an accurate summary of the IPs prescribing responsibilities within the job description, person specification and/or service level agreement

- IPs that work across healthcare organisations should have this noted within each job description/employment contract to prove vicarious liability.
- To support appropriate continual professional development of the IP
- To ensure the IP has an annual appraisal and personal development plan (PDP) in place. This can be completed with the IPs line manager and with/without the IPs Mentor where appropriate. The appraisal and PDP should include any

relevant discussions, changes or issues highlighted in the IP and Mentor regular meetings and review of scope of practice. Any changes to the IPs prescribing responsibilities (scope of practice) should be reflected within the job description, person specification and/or service level agreement. Discussion about role development to become a Designated Prescribing Practitioner should be included where appropriate.

- To ensure the IP is prescribing in their area of competency.
- Ensure IPs have access to clinical supervision. The model of clinical supervision should be agreed at local level, taking account of otherstaff support mechanisms and resources.

# 9. Responsibilities of a mentor

A Mentor is a registered independent prescriber e.g. GP or IP, who has adequate relevant experience (no less than 12 months) in prescribing in the same clinical area(s) as the IP.

The Mentor is nominated in the practice or service where the IP is employed.
The Mentor should agree to provide support and mentorship to the IP where needed.

The Mentor should ensure the IP is prescribing in their area of competency and has the adequate skills and knowledge to carry out an IP role. The IP and Mentor should:

- Meet regularly to discuss any prescribing issues and monitor the IPs continuing professional development (CPD) portfolio for assurance purposes. This meeting should also include a review, and if appropriate an update of the IPs scope of practice reflecting any change in clinical areas of responsibility and changing competencies.

- Agree how often they should meet to discuss competencies, prescribing and CPD.The decision should consider the experience of the IP and should be more frequent to support newly qualified IPs or where there has been a change in role.

- Use the '[competency framework for all prescribers]' to assess competence to prescribe.
- Ensure all the above are documented in the appraisal and personal development plan.

# 10. Responsibilities of the ICB

- Register / de-register the IP with the NHS Business Services Authority (NHSBSA), once notified from the employer.
- Monitor prescribing for all IPs.
- Provide support and additional information
- Provide medicines management support and advice to interpret prescribing data.
- Ensure IPs have an awareness of the prescribing budget / expenditure related to prescribing.
- Support the evaluation

# 11. Responsibilities of the workforce tutor or equivalent

- Support and facilitate with education and training for IPs e.g. regular forums allowing peer discussions and support

- Link with Higher Education Institutions providing the education and training programmes.

# 12. Clinical Management Plans (CMP)

Supplementary prescribing is a partnership between the independent prescriber (doctor or dentist) and the supplementary prescriber, who between them should draw up and agree an individual Clinical Management Plan (CMP) for the patient's condition before supplementary prescribing begins.
In each case, the independent and/or supplementary prescriber should obtain the patient's agreement to supplementary prescribing taking place and then discuss and agree the CMP for that patient.
Before supplementary prescribing can take place, it is obligatory for an agreed CMP to be in place (written or electronic) relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient record. There should be a note on the patient record that the independent prescriber (doctor or dentist), supplementary prescriber and patient have agreed to the CMP.

It is good practice for each supplementary prescriber to keep a record of all their CMPs with respect to awareness of expiration dates and for other audit purposes.

The CMP should be included in the patient record and should specify the following:

- The name of the patient to whom the plan relates.
- The illness or conditions which may be treated by the supplementary prescriber.
- The date on which the plan is to take effect and when it is to be reviewed by the independent prescriber (doctor or dentist).
- Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan.
- Any restrictions or limitations of strength or dose of any product which may be prescribed or administered under the plan.
- Any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan.
- Relevant warnings about known allergies and sensitivities of the patient, or known difficulties that the patient may have with particular medicines or appliances
- The arrangements for notification of:
  - Suspected or known adverse reactions to any product which may be prescribed or administered under the plan AND
  - Suspected or known adverse reactions to any other product taken at the same time as any product prescribed or administered under the plan AND
  - Incidents occurring with the product which might lead, might have led or has led to the death or serious deterioration of state of health of the patient.
- The circumstances in which the supplementary prescriber should refer to, or seek the advice of, the independent prescriber (doctor or dentist).

The CMP should be kept as simple as possible. The CMP may refer to national or local evidence-based guidelines, policies, or protocols to identify the medicines that are to be prescribed, or circumstances in which dosage, frequency or formulation should be changed. There is no need to repeat the advice in these guidelines in the body of the CMP itself, nor is there a need for the CMP to repeat

detailed patient information that is contained in the patient's record shared by both prescribers, unless such information is essential for clarity and patient safety.

The supplementary prescriber has discretion in the choice of dosage, frequency, product and other variables in relation to medicines only within limits specified by the CMP.

The independent prescriber (doctor or dentist) and supplementary prescriber must share access to, consult and use the same part of the common patient record.

The supplementary prescriber should pass prescribing responsibility back to the independent prescriber if the agreed clinical reviews are not carried out within the specified interval or if they feel that the patient's condition no longer falls within their competence.

The CMP comes to an end:

- At any time at the discretion of the independent prescriber (doctor or dentist) or the supplementary prescriber.
- At the request of the supplementary prescriber or the patient.
- At the time specified for the review of the patient (unless it is renewed by both prescribers at that time)
- Where there is a sole independent prescriber (doctor or dentist) and they are replaced for whatever reason. In these circumstances the CMP must be reviewed by their successor. If a CMP is in place and the new independent prescriber (doctor or dentist) is happy then they should sign itand then the supplementary prescriber can continue to prescribe.

## 13. Application process for undertaking a multi professional prescribing programme (Independent prescribing/supplementary prescribing qualification)

The requirement to undertake a multi-professional prescribing programme of study should be discussed as part of the practitioner's appraisal / personal professional review with their line manager. The member of staff and line manager should ensure that there is a need for an IP within their area of practice.

Information for enrolment onto a prescribing programme of study e.g. entrance requirements, course details, designated prescriber practitioner requirements and application forms etc. can be found on individual universities' websites.
The Local Pharmaceutical Committee can provide further advice on the process of the course application and available funding (if any).

# 14. Independent prescribers joining or leaving a pharmacy

The employing organisation should ensure that if an IP leaves all current prescribing should cease and the patients (if receiving ongoing repeated supplies) and GP practice informed.

The IP should follow their employer's process for ordering prescription pads and / or enter the IP's details onto the clinical system ensuring that the prescriptions print correctly with the prescriber number, practice address and cost centre. Further information is available from: NHS Prescription Services.

# 15. Returning to practice or expanding a scope of practice

A period of absence from prescribing practice can occur because of maternity leave, sabbatical, sick leave or changes in organisational structure and role.
If returning to prescribing practice after a prolonged period of absence, it is recommended that you review your professional regulatory body standards on returning to practice*:

*NB the following links are to *Return to Practice* (RtP) guides for professions, NOT specifically for *Return to Prescribing Practice* (RtPP). RtPP guides do not exist. The practitioner is directed to the Royal Pharmaceutical Society's "A Competency Framework for all Prescribers". See below.

**For GPhC standards see here.**

**The RPS also have some useful support materials which can be accessed from the following link here:** Returning to practice guide | RPS (rpharms.com)

As an IP, you are responsible for:

- Assessing if you require additional training to return your competencies, as a prescriber, to a safe level, using A Competency Framework for all Prescribers | RPS (rpharms.com)
- Ensuring you comply with your organisation's requirements on returning to practice
- Reviewing your professional regulatory body standards on returning to practice and completing any actions
- Identifying and agreeing a learning plan with your clinical supervisor
- Appraising your prescribing practice with your clinical supervisor / mentor, prior to recommencing a prescribing role
- Ensuring your clinical supervisor has assessed you as being competent to prescribe prior to recommencing a prescribing role.

Recommended:

Following a break in prescribing practice of 3 months or more, it is advisable that the prescriber should agree with their employer and undertake a period of adjustment and education prior to prescribing again. This period of adjustment should be supported by a supervisor who is an experienced prescriber.

All practitioners who are not practicing for more than six months must complete a period of supervised practice. For practitioners who have not been prescribing for a period of six months or less, each case will be considered on an individual basis.

Remember:

A learning plan should be individualised to your own practice and development needs.

As an IP you should be able to demonstrate how your prescribing competencies, following a period of absence, have remained safe and up to date in your intended field of practice.

# 16. Continued Professional Development

- IPs have a professional responsibility for identifying and meeting their own CPD needs and to keep themselves up-to-date with clinical, professional and legal developments in order to exercise their professional accountability and maintain duty of care.

- IPs are expected to keep up-to-date with best practice in the management of conditions for which they prescribe and apply the principles of up to date evidence-based practice, including clinical and cost-effectiveness.

- IPs are expected to keep up-to-date with emerging safety concerns related to prescribing.

- IPs should apply the 'competency framework for all prescribers' to help identify strengths and areas for development through self-assessment, appraisal and as a way of structuring feedback from colleagues.

- Employing organisations should ensure that they make available to their IP access to CPD thereby ensuring they meet their professional responsibility to maintain competency in this role.

- IPs are required to maintain a CPD portfolio (in line with their regulatory and professional body), including the learning achieved and demonstrating that competence is maintained.

- A Mentor should review the IP's CPD portfolio at agreed intervals, at least annually for assurance purposes.

- IPs should reflect on their prescribing practice within clinical supervision systems or within other forums. The model used should be agreed at local level, dependent on available resources (known as action learning sets / communities of practice).

- IPs should regularly review their prescribing practices including the financial / budgetary implications of their prescribing.
- It is the responsibility of the IP to ensure that their line manager and mentor are informed if they feel that their competence or confidence in their prescribing abilities is no longer at an acceptable or safe level. The IP should not continue with prescribing activities in this case until their needs have been addressed and their competence or confidence is restored.

# 17. Prescribing

## 17.1 Prescription requirements

- Prescriptions can be computer generated

- Several pieces of information must be present on a prescription for it to be legal. IPs should ensure that all the requirements for a prescription are fulfilled

for it to be legal. Details on prescription writing (including computer generated prescription requirements) is available in the British National Formulary (BNF).

- A visible audit trail of prescribing actions must be maintained.

- The existing prescriber details on a prescription must never be tampered, with or other prescriber details added, whether that be handwritten or by stamp.

- To ensure clinical governance is maintained, IPs should only prescribe for a patient whom they have assessed for care and should only write a FP10 prescription bearing their details and own unique prescriber number.

- Accountability and legal responsibility lies with the IP who has signed the prescription.

### 17.2 Repeat prescribing

- IPs may issue repeat prescriptions but only if all the medicines involved are within the IP's scope of competency and practice as by signing the prescription,they are assuming full responsibility and remain accountable for their practice.

- All IPs should minimise risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk e.g. prescribing of repeat medicines.

- Before signing a repeat prescription the IP must be satisfied that:
    - It is safe and appropriate to do so
    - Each prescription is regularly reviewed and is only re-issued to meet clinical need
    - Any additional observations that must be completed before repeat i.e BP checked, BMI etc
    - A regular review takes place, usually at either 3 to 6 monthly intervals, or in line with the GP practice prescribing policy
    - Suitable provision is in place for monitoring each patient's condition and monitoring is up-to-date

- There is a suitable referral pathway for patients requiring further assessment or treatment.

### 17.3 Excessive prescribing and unwarranted variation

- Prescribing issues may be identified via several sources such as prescription data monitoring, incident reporting, complaints etc.

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

- There may be occasions where an IP, prescribing at an individual pharmacy, may appear at significant variation with local peers. Prescribing variation is open to interpretation and subsequent challenge.

### 17.4 Prescribing for self, family and friends

- Other than in emergencies, IPs must not prescribe any drug for themselves or anyone with whom they have a close personal or emotional relationship.

- If an IP prescribes for themselves or someone close to them in an emergency, the IP should:
  - Make a clear record at the same time or as soon as possible afterwards. The record should include the relationship to the patient (where relevant) and the reason it was necessary for the IP to prescribe.

  - Inform the IP's own or the patient's general practitioner (and others treating the IP or the patient, where relevant) what medicines the IP has prescribed and any other information necessary for continuing care, unless (in the case of prescribing for somebody close to the IP) they object.

- IPs should refer to the General Pharmaceutical Council standards and codes of ethics here for further advice.

### 17.5 Controlled drugs (CDs)

- IPs should know and work within their legal and regulatory frameworks affecting prescribing practice e.g. CDs.

- IPs must ensure that all legal requirements for a CD prescription are met. These requirements are available in the BNF: BNF controlled-drugs and drug dependence. and Medicines, Ethics and Practice with RPS.

- Pharmacist IP's can prescribe any controlled drug in Schedule 2, 3, 4 and 5 for any medical condition, except cocaine, dipipanone and diamorphine for the treatment of addiction. They can prescribe cocaine, dipipanone and diamorphine for treating organic disease or injury - www.legislation.gov.uk

- For further guidelines on the prescribing of CDs, IPs should refer to guidance from their respective professional bodies.

### 17.6 Medicines Management Guide to Prescribing

IPs should refer to and prescribe in line with the relevant Policies and guidance found on the below websites. These guides provide a full range of resources and information around prescribing for GPs but the same principles also apply to IPs.

Sussex Partner Formulary
Sussex Prescribing policies and guidance

Surrey Heartlands
Surrey Prescribing Guidance

Frimley Formulary
Frimley Prescribing Guidance

# 18. Adverse drug reactions (ADRs) and incidents

- IPs should detect and report suspected adverse drug reactions (ADRs) using appropriate reporting systems. The GP responsible for the patient should be notified and the adverse reaction and subsequent actions should be documented in the patient's notes.

- IPs can report any ADRs directly to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme using the electronic form at www.mhra.gov.uk/yellowcard.

- Alternatively, prepaid Yellow Cards for reporting are available from the following link here.

- IPs should report prescribing errors, near misses and critical incidents, and review practice to prevent recurrence.

- 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 internal/local policy. These incidents should also be reported on the national patient safety incident database Learn from patient safety events (learn-from-patient-safety-events.nhs.uk)

- In addition to the above, supplementary IPs should notify the medical prescriber of any ADRs and incidents in line with the Clinical Management Plan.

- The IP should follow internal and local policy for any safeguarding and/or child protection concerns.

# 19. Prescribing and dispensing for Pharmacist

- Pharmacist IPs should, other than in exceptional circumstances, separate prescribing and dispensing roles, in keeping with the principles of safety, clinical and corporate governance.

- In exceptional circumstances, where the Pharmacist IP is involved in both prescribing and dispensing a patient's medication, a second suitably competent practitioner should be involved in checking the accuracy of the medication provided.

# 20. Managing Conflicts

- IPs should be able to recognise and deal with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patients, colleagues).

- IPs should work within the NHS / organizational / regulatory and other codes ofconduct when interacting with the pharmaceutical industry.

- IP's should refer to the Conflicts of Interest Policy and Prescribing policies and guidance available on the Formulary for further information on the following:
    - Managing conflicts of interest
    - Gifts and other inducements
    - NHS guidance on hospitality
    - Education and training.

  Sussex Conflicts of Interest Policy
  Surrey Heartlands Conflicts of interest
  Frimley Conflicts of interest

# 21. References


1. A Competency Framework for all Prescribers | RPS (rpharms.com) Royal Pharmaceutical Society. A competency framework for all prescribers. Published date: This guidance is updated – new edition Sept 2022

2. Department of Health and Social Care and Public Health England (2013) Antimicrobial prescribing and stewardship competencies. Antimicrobial prescribing and stewardship competencies - GOV.UK (www.gov.uk) [Accessed: July 2023]

3. Female sex hormone responsive conditions 6.8.1 Female sex hormone responsive conditions (sussexformulary.nhs.uk)

4. Male sex hormone response conditions Testosterone in Menopause 6.8.2 Male sex hormone responsive conditions (sussexformulary.nhs.uk)

5. Genito-urinary System vaginal atrophy sussexformulary.nhs.uk/therapeutic-sections/7-genito-urinary-system/77-vaginal-and-vulval-conditions/772-vaginal-atrophy/

6. NICE Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence [CG76] (January 2009). Available from: Overview | Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence | Guidance | NICE. [Accessed: 30th June 2023]

7. Royal Pharmaceutical Society (2019) Polypharmacy: Getting our medicines right. Available from: Polypharmacy: Getting our medicines right (rpharms.com). [Accessed: 22nd July 2023]

8. Royal Pharmaceutical Society (2019) Competency Framework for Designated Prescribing Practitioners. Available from: DPP competency framework | RPS (rpharms.com). [Accessed: 22nd July 2023]

9. Royal Pharmaceutical Society (2016) Prescribing Specials Guidance for the prescribers of Specials Available from: professional-standards---prescribing-specials.pdf (rpharms.com). [Accessed: 21 July 2023]

10. Joint Formulary Committee. *British National Formulary.* London: BMJ Group and Pharmaceutical Press. Published date April 2023. Available from: https://bnf.nice.org.uk/guidance/non-medical-prescribing.html.

11. Community Pharmacy England. *Who can prescribe what?* Published date: 2018. Available from: https://psnc.org.uk/dispensing-supply/receiving-a-prescription/who- can-prescribe-what/

12. Royal Pharmaceutical Society. Medicines, Ethics and Practice: The professional guide for pharmacists. Available from: https://www.rpharms.com/resources/publications/medicines-ethics-and-practice-mep

13. British Menopause Society (BMS) is the specialist authority for menopause and post reproductive health in the UK https://thebms.org.uk/about-the-charity/our-work/

14. NICE guidance Diagnosis and management of Menopause https://www.nice.org.uk/guidance/NG23

**15.** Surrey Heartlands Prescribing guidance for MPPs https://surreyccg.res-systems.net/pad/Guidelines/Detail/4401

# Appendix 1

**Checking Registration of Ips**

| Healthcare professional | Where to check registration |
|---|---|
| Pharmacists | General Pharmaceutical Council https://www.pharmacyregulation.org/registers |

# Appendix 2

**Prescribing rights of pharmacist independent prescribers: Referenced from Community Pharmacy England (CPE)**

A pharmacist independent prescriber can prescribe the following, but must work within their level of professional competence and expertise:

- licensed medicines
- controlled drugs in Schedules 2-5 (excluding diamorphine, dipipanone and cocaine for the treatment of addiction)
- unlicensed medicines
- off-label or off-license medicines
- appliances, dressings, and chemical reagents

Pharmacist independent prescribers can write private prescriptions (in addition to NHS prescriptions)

| Nature of prescribed item | Eligible to prescribe | Detailed information |
|---|---|---|
| **Licensed drugs (POMs, Ps, GSLs, foods, toiletries or cosmetics)** | ✅ | They must work within their own level of professional competence and expertise.<br><br>See Part XVIIB(ii) of the Drug Tariff. Like other NHS prescribers, they may not prescribe any medicine which appears in Part XVIIIA (drugs, medicines and other substances that may not be ordered under the NHS) of the Drug Tariff. |
| **Off label and off licence** | ✅ | They can prescribe 'off-licence' or 'off-label'; only when this is accepted clinical practice and where they accept clinical/legal responsibility for their prescribing decision. |

| | | |
|---|---|---|
| **Unlicensed medicines** |  | |
| **Controlled Drugs (CDs)** |  | They are permitted to prescribe any Schedule 2, 3, 4 or 5 Controlled Drug (except Diamorphine, Dipipanone or Cocaine for the treatment of addiction). |
| **Appliances or chemical reagents listed in Part IX** |  | They can prescribe all appliances listed in Part IX of the Drug Tariff. |
| **Selected List Scheme (SLS)** |  | They are permitted to prescribe items in the "Selected List Scheme". However, only in the specified circumstances, for the specified patient groups listed in the Drug Tariff and where this is within their scope of professional practice. |
| **Borderline Substances (ACBS)** |  | They are permitted to prescribe ACBS items and the Drug Tariff indicates that they should normally restrict prescribing of any borderline substances to items on the ACBS list. |
| **Additional information** | | Click here for the GPhC's searchable register.<br><br>Can write Repeat Dispensing prescriptions (RA/RD) and Emergency supply requests. |

# Appendix 3

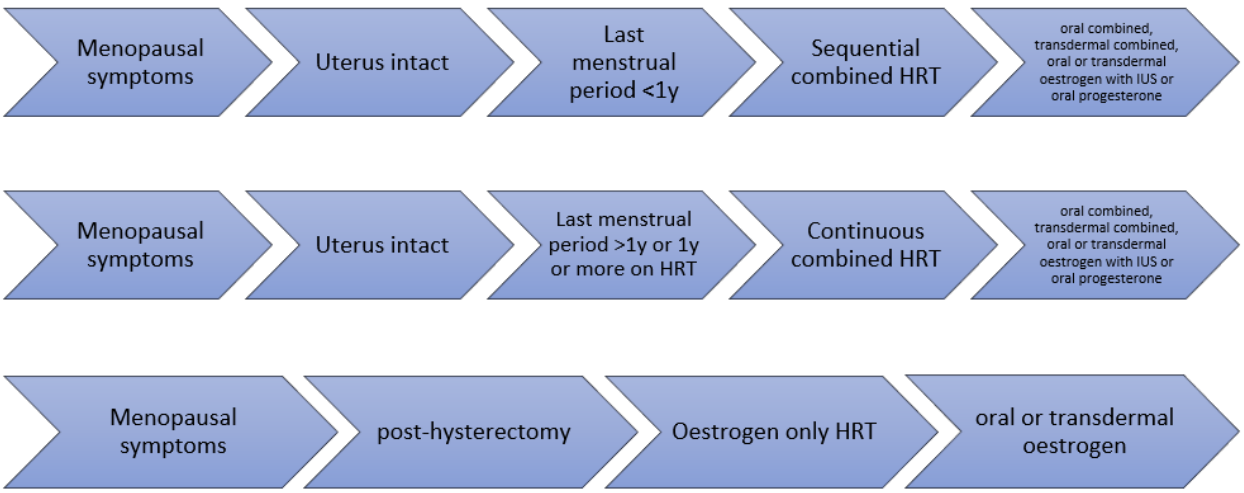
**HRT Review process**

NHS Sussex secured funding to establish Pathfinder sites to identify and test the delivery of community pharmacy independent prescribing. To support independent prescribing in community pharmacy this new innovative pathway aligns to the Women's Health Strategy for England aiming to improve health outcomes and reduce inequalities across groups of women. Specifically, we anticipate that this pathway will improve information provision on women's health, perform HRT medication reviews as well as support incidental case finding of hypertension and promote treatment to target of hypertension as necessary. Cardiovascular disease is the largest cause of the life expectancy gap between the least and most deprived quintiles in Sussex, of which hypertension is the greatest risk factor. The national ambition is to achieve 80% of patients treated to target.

For this initiative, the cohort of patients are defined as those women aged 45 and over receiving a repeat prescription of oral or transdermal hormone replacement therapy (HRT). These women are invited for their 3-monthly or annual HRT review at a pharmacy commissioned to provide the Independent prescribing pathfinder service. The patient may be signposted to services to promote healthy behaviours, for example; smoking cessation services and cervical screening as per the HRT questionnaire for the Independent Prescribers and the Independent Prescriber will be prescribing the patients ongoing HRT via repeat prescribing at the pharmacy.

**HRT review**

The following information should be considered:



**Information on the process**

- The PCN or Practice administrator uses searches to identify the cohort of patients to send an AccuRx text message
- Patients will be sent a text message via AccuRx inviting them for a HRT review
- The message will advise the patient they are eligible for a HRT review at the participating pharmacies included in this pilot.
- Patients can contact the pharmacy directly or use the pharmacy booking platform link to book an appointment with the pharmacy (this link will be inserted into AccuRx message when shared by the pharmacy).
- Alternatively, the patient may consult with their GP surgery directly.
- Consent obtained from patient to conduct service and share results with GP,
- The pharmacy will perform a HRT review as per HRT Questionnaire and BP check as per service specification,
- BP results are uploaded to PharmOutcomes (Results are sent back to the GP)
- The pharmacist will send the completed questionnaire to the GP surgery via NHS mail (GP Connect once activated) Pharmacist uploads HRT Review via EMIS/StymOne.
- Prescription will be issued using Cleo system
- Prescribing details shared via GP Connect (this updates the patient records immediately) or EMIS/SystmOne.
- If the patient requires an ABPM, the pharmacist may complete the service and upload to their IT system such as PharmOutcomes this sends a Post Event message to the GP surgery or via GP connect if enabled.
- ABPM pdf's to be emailed directly to the GP surgery email,
- Alternatively, the patient may prefer to do 7-days of home bp readings or attend the GP surgery,
- The GP surgery will follow up High ABPM readings as per their own process,

A 3-monthly review is recommended after starting HRT to assess menopausal symptom control, side effects and bleeding pattern. In addition, at an annual review any changes in the medical history should be evaluated. Drug interactions should be considered as well as route of HRT. The HRT dose should be assessed, and vaginal oestrogen may be considered depending on the presence of urogenital symptoms. The lowest effective dose should be advised and perimenopausal women should be counselled about their possible contraception needs.

As part of this review, it is important to advise women of cervical and breast screening and signpost as necessary. Osteoporotic and cardiovascular risk may be assessed. For the latter, blood pressure measurements should be taken.

The woman should be counselled with regards to the risks and benefits of HRT continuation taking into account the individual's risk of breast cancer and venous thromboembolism. For example, transdermal preparations may be the preferred method of administration if there are risk factors for thrombosis, liver enzyme inducing drugs and risk of bowel malabsorption.

The Summary of Product Characteristics (SPC) for HRT may be referred to for details of contraindications and cautions. https://www.medicines.org.uk/emc/product/10929/smpc#gref

The HRT questionnaire has been developed to ensure clinical governance when undertaking these reviews, to guide the independent prescriber through the HRT review and the information that should be shared with the patients GP surgery upon obtained consent via GP connect IT Platform

The independent prescriber will complete additional HRT training to ensure this is within their scope of practice.

The independent prescriber will continue to prescribe the HRT prescriptions at the pharmacy.

**Blood pressure review**

The pharmacist conducts the service as per the NHS Community Pharmacy Blood Pressure Check Service specification, the pharmacy records clinical interaction and follows their reporting process as outlined in the specification.

The pharmacy will offer the patient ambulatory blood pressure monitoring (ABPM) if clinically indicated and the result shared with the GP practice. If the patient declines APBM, this is communicated back to the GP surgery and the patient might be sent a seven-day BP Florey (text message) via AccuRx. The request for multiple BP readings is in line with NICE guidance.

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**HRT Questionnaire – For pharmacy use – upload information to patient record on GP connect or securely return to GP.**

**Full Name:**

**Date of Birth:**

**Phone Number:**

**Name of GP Surgery:**

**When was the date of the last period?**

**Is the patient taking any contraceptives?**

- Yes
- No

**Blood pressure reading?**

**Any intervention required i.e., ABPM?**

**Weight? (Kg)**

**Height (CM)?**

**How does the patient take HRT?**

- HRT everyday
- HRT for 21 days with a 7-day break

**What is the name of the HRT medication(s)? if Mirena Coil is fitted check GP notes to see when this is due to be replaced?**

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**Ask the patient the reason they are taking HRT?**

- Early Menopause (before age 45)
- Menopausal Symptoms

**How old was the patient when HRT was started?**

**How long has the patient been on HRT?**

**Is the patient a smoker?**

- Yes
- No

If answered yes to smoking – offer patient signposting or support into a cessation service

**Does the patient drink alcohol, if so, roughly how many units? Offer healthy behaviour advice/signposting**

**Is there any family history of heart disease or a stroke under the age of 45?**

- Yes
- No

**Is there any family history of a blood clots?**

- Yes
- No

**Has the patient had Deep Vein Thrombosis or a Pulmonary Embolism?**

- Yes
- No

**Does the patient have any blood clotting abnormalities?**

- Yes

- No

**Does the patient have diabetes?**

- Yes
- No

**Does the patient have a family history of breast cancer under the age of 50**

- Yes
- No

**Has the patient had a hysterectomy?**

- Yes
- No

**Does the patient know how HRT works?**

- Yes
- No

Counsel the patient accordingly

**Counsel the patient on healthy behaviours that can reduce menopausal symptoms such as losing weight and signpost/refer as appropriate**

- Yes
- No

**Counsel the patient that in rare circumstances HRT can cause a clot and the symptoms/signs of a blood clot are calf pain and swelling, sharp chest pains, shortness of breath and coughing up blood**

- Yes
- No

**Counsel the patient that HRT can increase the risk of breast cancer, therefore patients should be advised to examine breasts every month and attend breast cancer screening when offered. The risk of breast cancer increases the longer you are on HRT and persists after the HRT has been stopped**

- Yes
- No

**Counsel the patient that if they have an operation or long periods of immobility, they should tell a healthcare professional that HRT is being taken.**

- Yes
- No

**Counsel the patient that irregular vaginal bleeding on HRT should be reported to the GP**

- Yes
- No

**Ask the patient to confirm if they are up to date with cervical smear and breast screening?**

- Yes
- No

If you answered No to the above question, please ask the patient to contact the GP Practice to book an appointment,

**Have you as the IP made any changes to the patients HRT medication as a result of this review or any other relevant information that should be shared with the GP?**

**Have you as the IP identified any concerns?**

**Have you as the IP referred/signposted the patient to or delivered any additional services as a result of this review?**

**Please inform the patient that as the IP you will be prescribing the patients ongoing HRT via repeat prescribing at the pharmacy.**

Please refer to NICE, BNF, SPC etc for additional information and work with your competency, refer back to the GP if required.

**Privacy Consent** This form collects personal and medical information.

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☐ Patient consents to the pharmacy collecting and storing data to share with the patients GP Practice.

# Appendix 4 Blood Pressure Pathway NHS Surrey Heartlands

**Overview:**
The service will include adults 18 years and older, who must be registered patients with a formal diagnosis of Hypertension. The service will exclude those under a specialist for hypertension care, as well as those with multiple comorbidities (eg heart failure, ischemic heart disease, chronic kidney disease and diabetes) where the Pharmacist believes the comorbidity will affect hypertension management.

**Process:**

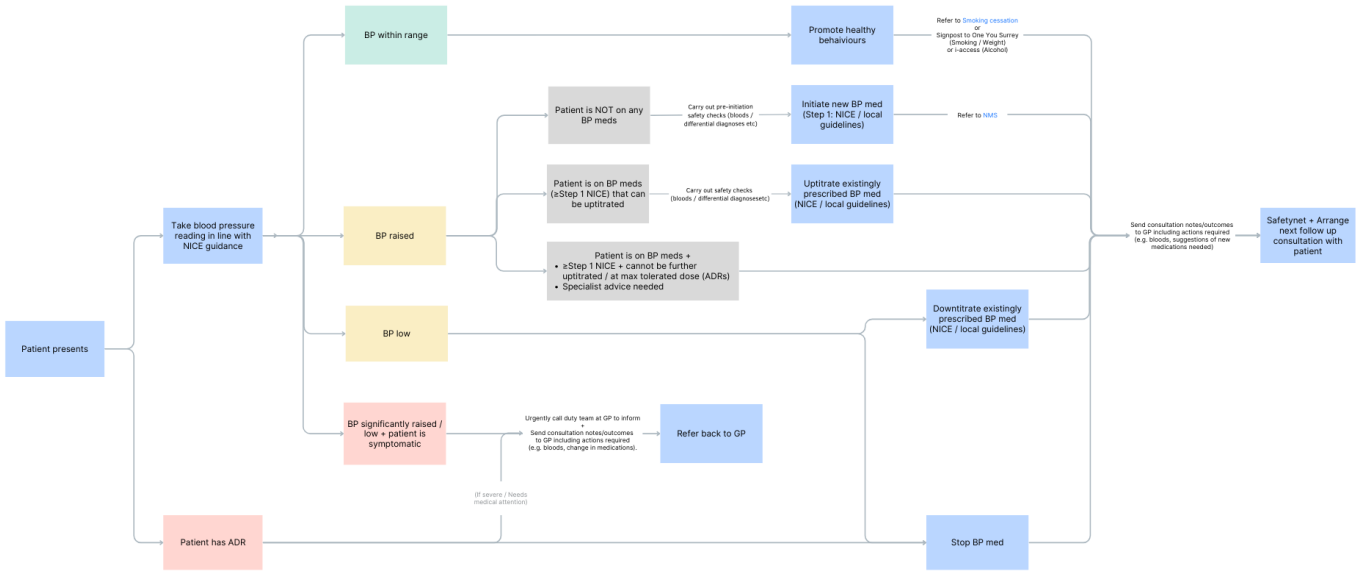
- The PCN or Practice administrator uses searches to identify the cohort of patients to send an AccuRx text message
- Patients will be sent a text message via AccuRx inviting them for a Blood Pressure Review.
- The message will advise the patient they are eligible for a Blood Pressure Review at the participating pharmacies included in this pilot.
- Patients can contact the pharmacy directly or use the pharmacy booking platform link to book an appointment with the pharmacy (this link will be inserted into AccuRx message when shared by the pharmacy).
- Alternatively, the patient may consult with their GP surgery directly.
- Consent obtained from the patient to conduct the service and share results with the GP.
- The pharmacy will perform a Blood Pressure review as per service specification.
- Pharmacist uploads the consultation as well as prescribes any medication changes (Results are sent back to the GP with NHS mail via AccuMail - GP Connect once activated)
- Prescription will be issued using Cleo system.
- Prescribing details shared via GP Connect (this updates the patient records immediately) or NHS Mail/AccuMail.

- If the patient requires an ABPM, the pharmacist may complete the service and upload to their IT system such as PharmOutcomes this sends a Post Event message to the GP surgery or via GP connect if enabled.
- ABPM pdf's to be emailed directly to the GP surgery email.
- Alternatively, the patient may prefer to do 7-days of home bp readings or attend the GP surgery.
- The GP surgery may follow up abnormally High ABPM readings as per their own process.

**Clinical Guidelines:**

- Local guidelines on condition management can be found on Surrey PAD by searching 'Hypertension'
    - Surrey Heartlands Integrated Care System Area Prescribing Committee (APC) have informed that the CVD medicines group are reviewing the Hypertension guidance on the Surrey PAD and recommend the adoption of the current NICE Hypertension Guideline NG136 whilst the review process is underway. Pharmacists must stay up to date with new recommendations as such via Surrey PAD
    - Pharmacists must familiarise themselves with the Traffic Light Status used in Surrey PAD for prescribing to align with Primary Care
- NICE Hypertension Guideline NG136 – 2 page summary
- The Summary of Product Characteristics (SPC) can be used for drug interactions, side effects, contraindications
- The Specialist Pharmacy Service (SPS) can be used for guidance on monitoring requirements for antihypertensives

## Clinical Pathway Diagram:




## Safety netting and Signposting according to professional judgment:

- Adverse reactions
    - The pharmacist must be able to counsel on common adverse reactions of hypertensives (eg peripheral swelling, dry coughs etc)
    - In the event after initiating a new medication or up titrating an existing medication the patient has an adverse reaction, they must be advised to recontact the Pharmacist within an appropriate agreed timeframe
- Red Flag Symptoms
    - The pharmacist must counsel the patient, in the event of any Red Flag Symptoms (headaches, dizziness, eyesight changes, chest pains, difficulty breathing etc) the patient is to seek (immediate) medical attention
- Referral programmes

Where appropriate, the pharmacist must consider other factors contributing to the patient's hypertension, and as such, signpost to other local services eg One You Surrey (weight loss, smoking cessation) and i-access (alcohol and drug cessation)

Sick Day Rules

For ACEi + ARBs counsel patients on Sick Day Rules, with appropriate BP monitoring in between

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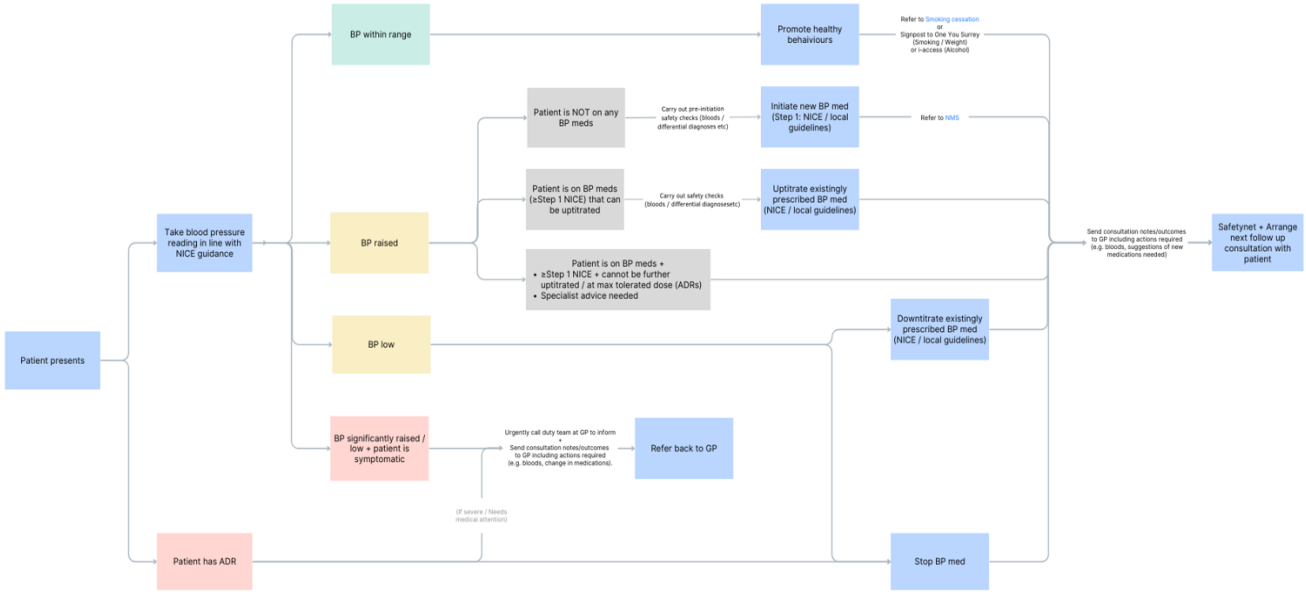
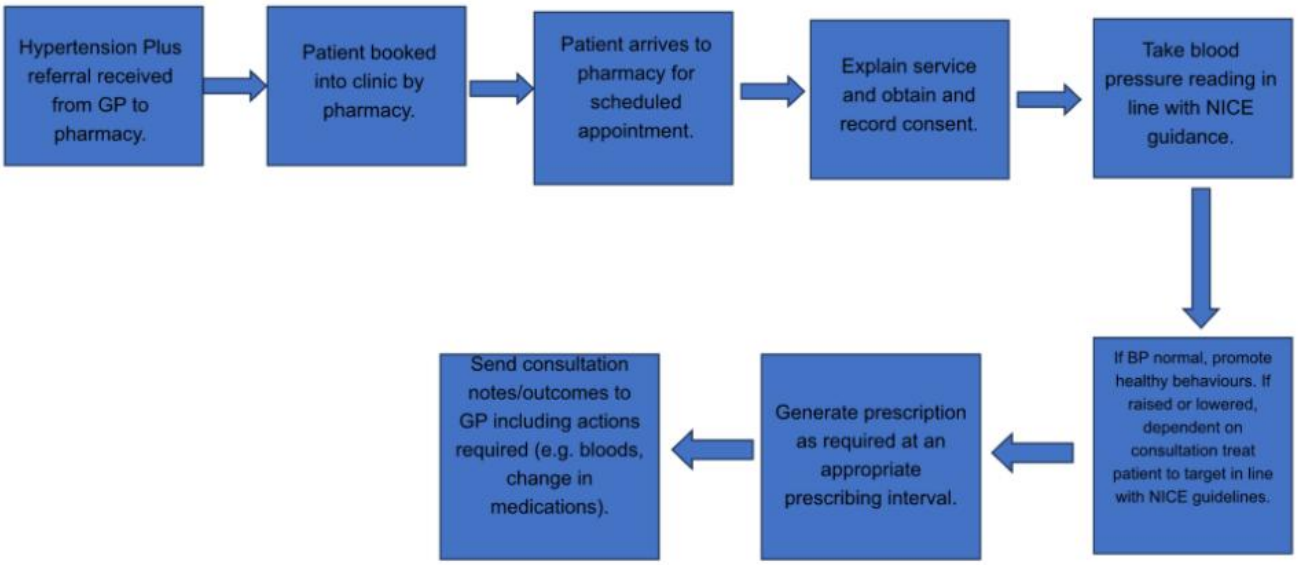
## BP Treatment Pathway




### Annex A: Hypertension Plus process flowchart following referral from general practice (GP) for patients with diagnosed hypertension



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# Appendix 5 Pharmacy First Local NHS Frimley

<table>
<tr><th>Symptom identified</th><th>Medication</th><th>Dosage</th></tr>
<tr><td>Acute Otitis Media (adults 18+)</td><td>Phenazone 40 mg/g with Lidocaine 10 mg/g<br><br>Amoxicillin 500mg Capsules/ Liquid<br><br>Clarithromycin 250mg Capsules/ Liquid</td><td>See Acute Otitis Media MicroGuide for formulary detail AND when to treat
<table>
<tr><th>Treatment</th><th>Dosage and course length</th></tr>
<tr><td>Ear drops</td><td>Phenazone/ Lidocaine (Otigo®)- Instil 4 drops BD – TDS into the external auditory canal of the affected ear, slightly pressing the elastic part of the dropper, for up to 7 days</td></tr>
<tr><td>First-line antibiotic ONLY if indicated</td><td>Amoxicillin 500mg po TDS for 5 - 7 days<br>Penicillin allergy- Clarithromycin 250mg - 500mg po BD for 5 - 7 days<br>(for people who are not pregnant)</td></tr>
</table></td></tr>
</table>

Community Pharmacy Surrey & Sussex

<table>
<tr>
<td>Acute Otitis Externa (adult)</td>
<td>Acetic acid 2%<br><br>Neomycin + steroid ear drops / spray<br><br>Gentamicin + steroid ear drops</td>
<td>
See Acute Otitis Externa MicroGuide for formulary detail AND when to treat
<table>
<tr><th>Treatment</th><th>Dosage and course length</th></tr>
<tr><td>Analgesia and self-care</td><td>First line- Analgesia for pain relief and apply localised heat (e.g. warm flannel)<br>Second line- see alternative options below:</td></tr>
<tr><td>Ear spray: acetic acid</td><td>Ear spray acetic acid 2% (EarCalm spray®) ONE spray TDS for 7 days</td></tr>
<tr><td>Ear Drops/ spray Neomycin + Steroid</td><td>(contraindicated in perforated tympanic membrane):<br>Neomycin + steroid ear drops / spray<br><br>Drops: Betnesol-N® , Otosporin® THREE drops TDS for 7 - 14 days (or equivalent generic product)<br><br>Spray: Otomize® ear spray ONE spray TDS for 7 - 14 days</td></tr>
<tr><td>Ear Drops: Gentamicin + steroid ear drops</td><td>Gentisone HC® s TWO to FOUR drops instilled in the affected ear FOUR<br>or FIVE times a day, (including a dose at bedtime) for 7 - 14 days (or equivalent generic product)<br><br>Framycetin Sulphate, Dexamethasone and Gramicidin ear drops<br><br>Sofradex®, TWO to THREE drops TDS-QDS for 7 days (or equivalent<br>generic product)</td></tr>
</table>
</td>
</tr>
</table>

| | | |
|---|---|---|
| Atopic dermatitis (including infantile atopic dermatitis)<br><br>Seborrhoeic dermatitis<br><br>Irritant or allergic contact dermatitis | Betamethasone valerate 30g<br>Clobetasol propionate cream 30g<br>Hydrocortisone 1% 30g<br>Betamethasone valerate scalp application 0.1% 100mls<br>Betnovate RD 100g<br>Miconazole 30g | **Choice of topical corticosteroid depends on the specific clinical situation including the age of the person and severity, location and extent of dermatitis.**<br><br>Hydrocortisone 1% (for face or neck)<br><br>https://cks.nice.org.uk/topics/dermatitis-contact/management/management/<br>https://frimley-healthiertogether.nhs.uk/ |
| | | |

| | | |
|---|---|---|
| Oral Candidiasis | Nystatin oral suspension | Infants (1 month to 2 years)<br><br>1ml should be dropped into the mouth four times a day.<br><br>Children (≥ 2 years) and adults<br><br>For the treatment of denture sores, and oral infections in children (≥ 2 years) and adults caused by candida albicans. 1ml of the suspension should be dropped into the mouth four times daily; it should be kept in contact with the affected areas as long as possible.<br><br>https://cks.nice.org.uk/topics/candida-oral/<br><br>Note: Miconazole oral gel is first line for oral candidiasis. Nystatin should be prescribed where Miconazole is not tolerated or contraindicated. See Microguide global- oral candidiasis. |
| | | |
| Acne vulgaris | Adapalene (0.1% or 0.3%) with topical Benzoyl Peroxide (2.5%)<br><br>Benzoyl Peroxide (3% or 5%) with | **Adults and Adolescents (aged 12 years and above)**<br><br>**First line:** Offer a 12 week course of one of the following options to be applied thinly every night to the entire affected area.<br><br>https://www.medicines.org.uk/emc/product/6/smpc#gref<br><br>Acne Vulgaris (microguide.global) |

| | | |
|---|---|---|
| | topical Clindamycin (1%) | |