



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisioca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

Health Service Executive
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11

Guthán: (01) 864 7100
Facs: (01) 834 3589

Tel: (01) 864 7100
Fax: (01) 834 3589

27th July 2011

Re: Community Registered Nurse Prescriber (RNP) Primary Care Prescription Pads

Dear Pharmacist,

The issue of circular SO222-NCO-09 *Alignment of Community Drug Schemes to incorporate Nurse and Midwife Prescriptions* (27 May 2009) stated that the policy decision is that certain HSE community RNPs will be issued with a pad of *Primary Care Prescription Forms* with their own allocated GMS number. This represents the initial phase of developments in the prescription pads used in primary care which ultimately will be used by all prescribers. It encompasses the General Medical Services (GMS), Drugs Payment (DPS), Long Term Illness (LTI) and Health Amendment Act (HAA) prescribing schemes.

The circular (see attached) sets out the arrangements for certain community RNPs to be issued with Primary Care Prescription Forms. The RNP's GMS number will be allocated once the Primary Care Reimbursement Service (PCRS) has been notified that the RNP is authorised by the HSE employer to commence prescribing. Specific criteria will apply to the decision to issue a Community RNP with a Primary Care Prescription Pad confirming that:

- The RNP's service area is a community setting where the RNP is working in collaboration with GPs and GMS prescriptions are normally used.
- The community RNP is a HSE/statutory voluntary sector employee.
- The nurse/midwife applying to use the system is an RNP with current valid registration with An Bord Altranais.
- The RNP's collaborating medical practitioners are currently using the GMS system.
- The Director of Nursing/Midwifery/Public Health or relevant nurse manager has approved the RNP's application to use the GMS prescribing system.
- The HSE Health Area Manager/Local Health Office (LHO) have supplied notification and authorisation to PCRS for the Community RNP to be issued with a GMS number and a Primary Care Prescription Pad.

RNPs employed in: acute/specialist hospitals; mental health services; private hospitals; private nursing homes and general practice will not be issued with Primary Care Prescription Pads.

Practice Nurses employed by GPs

Practice Nurses who are RNPs may be enabled to prescribe under the GMS system. Practice Nurses employed by a GP will not be issued with a separate prescription pad but should be facilitated to use the GMS Prescription Pad that their employer holds within the GP practice setting.

For the purposes of the community prescribing schemes, the same approach will be used for nurse prescribers as medical prescribers. The existing PCRS systems and processes for pharmacists are unchanged arising from this development.

We look forward to working with all our colleagues in this initiative.

Yours faithfully,

Patrick Burke
Assistant National Director
Primary Care Reimbursement Service



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisíoca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

Health Service Executive
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11

Guthán: (01) 864 7100
Facs: (01) 834 3589

Tel: (01) 864 7100
Fax: (01) 834 3589

To

All Registered Nurse Prescribers

Circular No. 013/11

27th July 2011

Re: Community Registered Nurse Prescriber (RNP) Primary Care Prescription Pads

Dear Registered Nurse Prescriber,

The issue of circular SO222-NCO-09 *Alignment of Community Drug Schemes to incorporate Nurse and Midwife Prescriptions* (27 May 2009) stated that the policy decision is that certain HSE community RNPs will be issued with a pad of *Primary Care Prescription Forms* with their own allocated GMS number. This represents the initial phase of developments in the prescription pads used in primary care which ultimately will be used by all prescribers. It encompasses the General Medical Services (GMS), Drugs Payment (DPS), Long Term Illness (LTI) and Health Amendment Act (HAA) prescribing schemes.

This circular sets out the arrangements for certain community RNPs to be issued with Primary Care Prescription Forms. The RNP's GMS number will be allocated once the Primary Care Reimbursement Service (PCRS) has been notified that the RNP is authorised by the HSE employer to commence prescribing.

Community RNPs Employed in Voluntary and Statutory Services of the HSE

Specific criteria will apply to the decision to issue a Community RNP with a Primary Care Prescription Pad confirming that:

- The RNP's service area is a community setting where the RNP is working in collaboration with GPs and GMS prescriptions are normally used.
- The community RNP is a HSE/statutory voluntary sector employee.
- The nurse/midwife applying to use the system is an RNP with current valid registration with An Bord Altranais.
- The RNP's collaborating medical practitioners are currently using the GMS system.
- The Director of Nursing/Midwifery/Public Health or relevant nurse manager has approved the RNP's application to use the GMS prescribing system.
- The HSE Area Manager/Local Health Office (LHO) have supplied notification and authorisation to PCRS for the Community RNP to be issued with a GMS number with a Primary Care Prescription Pad.

RNPs employed in: acute/specialist hospitals; mental health services; private hospitals; private nursing homes and general practice will not be issued with Primary Care Prescription Pads.

A formal application process will be used for each community RNP applying to use the system consisting of a *GMS Form of Notification and Authorisation for RNPs* (see Appendix 1). The form will be initiated by the RNP (Part 1); approved by the Director of Nursing/Midwifery/Public Health/relevant service manager (Part 2); authorised by the HSE Health Area Manager/LHO Manager (Part 3) and PCRS administration (Part 4).

The *Application Form for Notification and Authorisation of the Community RNP* is available through the Office of the Nursing and Midwifery Services Director section of the HSE website at <http://www.hse.ie/go/nurseprescribing>. The completed form should be submitted by the HSE Health Area Manager/LHO Manager to the:

**Data Administration Unit,
Health Service Executive, Primary Care Reimbursement Service,
Units 1-5 Ground Floor,
J5 North Park Offices,
North Park Business Park,
Exit 5 M50,
North Road,
Finglas,
Dublin 11.**

On receipt of your prescription pad from the PCRS please check the accuracy of the preprinted details and keep the pad in a secure place.

Please note the following. The community RNP will:

- Give a commitment to be responsible for the security of the Primary Care Prescription Pad as incorporated in the *GMS Form of Notification and Authorisation for RNPs*.
- Only prescribe medicinal products listed on their Collaborative Practice Agreement (CPA)¹ and also on the List of GMS Reimbursable Items (see details at <http://www.hse.ie/eng/staff/PCRS/items/>).
- Confirm that the person for whom they are prescribing holds valid established eligibility (GMS, DPS, LTI, HAA card). The patient's medical card/eligibility number must be checked carefully before inputting on the prescription.
- Only prescribe those controlled drugs outlined in Schedule 8 of the Misuse of Drugs (Amendment) Regulations 2007 where the medicinal product is listed on their CPA.
- Use non-proprietary (active ingredients) generic names for medicinal products where appropriate when prescribing.
- Not be issued with, or use the three-monthly GMS Repeat Prescription Pad.

The Community RNP will be issued with a Primary Care Prescription Pad in book format with an original and three copies with a facility to record the RNP's Professional Identification Number (PIN):

- Original – for presentation by the patient to the pharmacist
- Copy 1 – for the pharmacist records
- Copy 2 – for the GP records
- Copy 3 – for inclusion in the patients clinical notes maintained by the RNP.

RNPs intending to issue GMS prescriptions must familiarise themselves with the List of GMS Reimbursable Items (see details at <http://www.hse.ie/eng/staff/PCRS/items/>).

¹ Reviewed by the relevant Drugs and Therapeutics Committee, authorised by their Health Service Provider and notified to An Bord Altranais

Completing the Primary Care Prescription

The prescription pad can be used for GMS patients and all other patients covered by the Community Drug Schemes. When completing the prescription please write clearly in block capitals and ensure that your writing is transferred through to each copy. The following should be completed:

- 1 Patient details
 - Enter patients name (as appears on the Medical/Eligibility Card)
 - Enter address
 - Enter health eligibility number and patient code letter (e.g. Medical Card Number/Eligibility Number), for example:
 - Medical Card – 1234567A
 - Drugs Payment Scheme – 1234567B B
 - Long Term Illness – 123456V
 - Health Amendment Act – R12345
 - Enter Personal Public Service (PPS) number where available (this is stated on the Medical Card or Drugs Payment Scheme Card)

- 2 Prescribers details
 - The RNP details including the Prescriber Name, Address and GMS number are pre-printed on the prescription form – confirm the details are correct
 - Enter your prescriber’s professional registration number i.e. your An Bord Altranais PIN number

- 3 Prescription details
 - Enter date in numbers in the box provided for example DD/MM/YY
 - Tick the relevant eligibility box (only one should apply)
 - General Medical Services (GMS) i.e. medical card holder
 - Drugs Payment Scheme (DPS) applies to persons who are ordinarily resident in Ireland and do not have a current medical card
 - Long Term Illness (LTI): on approval by the HSE, persons who suffer from one or more of a schedule of illnesses are entitled to obtain, without charge, irrespective of income, necessary drugs/medicines and/or appliances under the LTI scheme, for the primary condition. Where LTI patients hold medical card eligibility their GMS eligibility should be used to access their medications
 - Health (Amendment) Act 1996 (HAA): The Government has provided for the making available without charge of certain health services to certain persons who have contracted Hepatitis C, directly or indirectly, from the use of Human Immunoglobulin Anti-D, or the receipt within the State of another blood product or blood transfusion
 - Unregistered (UR): where the patient does not have valid established eligibility the ‘unregistered’ box should be ticked
 - Enter the name, formulation, precise strength, dosage and quantity of the medicinal product (Guidance from An Bord Altranais (2010) state that the generic or non-proprietary name of the medication be used on the prescription. However, it is acknowledged that with some medications the proprietary name may need to be used²)
 - Enter age, if under 12 years, in years and months

- 4 Complete the prescription

² An Bord Altranais (2010). *Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority*. Dublin: An Bord Altranais, p 14.

- Sign the prescription with full signature
 - Give the original and Copy 1 to the patient to bring to the community pharmacist
 - Send Copy 2 to the GP for their records. It is important that the patient's GP is aware of all medicines prescribed for their patients.
 - Include Copy 3 in the patient's clinical notes
- 5 There are a number of fields included in the Primary Care Prescription Pad, with a view to future developments, for example, reference pricing/generic substitution and adherence to guidelines. These fields are not operational at this point in time.

Process for Applying for Subsequent Primary Care Prescription Pads

A reorder form is included in each box of prescription pads. This reorder form should be retained carefully for subsequent use.

Termination or Movement of Employment

All CPAs are considered null and void on the termination/movement of employment for which the CPA was originally intended. Written practice agreements (CPA) should terminate automatically if the RNP or medical practitioner no longer has active, unrestricted registration. If for any reason the RNP's CPA is terminated, all remaining Primary Care Prescription Pads must be returned by the RNP to their Director for return to the office of the Head of Corporate Services, PCRS. They should be accompanied by a letter with notification of termination by the HSE Health Area Manager/LHO Manager.

Practice Nurses employed by GPs

Practice Nurses who are RNPs may be enabled to prescribe under the GMS system. Practice Nurses employed by a GP will not be issued with a separate prescription pad but should be facilitated to use the GMS Prescription Pad that their employer holds within the GP practice setting.

We look forward to working with all our colleagues in this initiative.

Yours faithfully,



Patrick Burke
Assistant National Director
Primary Care Reimbursement Service

Application Form for Notification and Authorisation of Community Registered Nurse Prescriber (RNP)

Introduction

The issue of circular SO222-NCO-09 *Alignment of Community Drug Schemes to incorporate Nurse and Midwife Prescriptions* (27 May 2009) indicated that the policy decision is that HSE community RNPs will be issued with a pad of *Primary Care Prescription Forms* with their own allocated GMS number. This number will be allocated once the Primary Care Reimbursement Service (PCRS) has been notified that the RNP is authorised by the HSE employer to commence prescribing. This form sets out the process for authorisation.

This form is for the use of the Statutory and Voluntary services of the HSE only

Part 1: Registered Nurse Prescriber to complete

I am applying to use the GMS system as a community RNP. Please see below my application details

		Insert Details/Comment							
1	RNP name (use block capitals) ▪ Forename ▪ Surname								
2	An Bord Altranais Personal Identification Number (PIN)								
3	Date registered as an RNP with An Bord Altranais	D	D	M	M	Y	Y	Y	Y
4	HSE Health Area Manager/Local Health Office (LHO) Area of Employment and Health Area /LHO Number								
5	HSE Statutory/Voluntary Services Employee Number (i.e. personnel number)								
6	Contact address of HSE Statutory/Voluntary HSE service where I am employed and from which authorised to prescribe								
7	Contact details ▪ Office telephone (including prefix) ▪ Mobile ▪ email								
8	My clinical area of practice is (for example public health nursing, tissue viability, palliative care etc.)								
9	Name of Collaborating General Practitioner(s) (if multiple please insert names or attach list)								
10	My CPA was authorised (give date)	D	D	M	M	Y	Y	Y	Y
11	I commit to regular audit of my prescribing practice in accordance with An Bord Altranais <i>Practice Standards and Guidance for Nurses and Midwives with Prescriptive Authority</i> (2010) and the <i>Policy for Medicinal Product Prescribing</i> for my service area.	Tick box to confirm				<input type="checkbox"/>			

I am applying to be issued with a GMS number and a supply of Primary Care Prescription Pads and I commit to keeping the prescription pads in a secure place.

Signature of RNP:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Part 2: Director of Nursing/Midwifery/Public Health Nursing to complete

Please complete details below for RNP (Insert Yes in each section as applicable)

		Confirmation/Comment
1	I confirm that the nurse/midwife named in Part 1 of this form is a RNP	
2	I confirm that the RNP has a valid CPA and is authorised to prescribe named medicinal products in the service named in Part 1 of this form	
3	I confirm that GMS prescriptions are used in collaboration with GPs for patients attending this service	
4	I confirm that there is a policy and process for maintaining prescription pad security in the service	
5	I confirm that a process is in place for regular audit of the RNPs prescribing practice in accordance with An Bord Altranais <i>Practice Standards and Guidance for Nurses and Midwives with Prescriptive Authority</i> (2010)	

I confirm the details in Part 1 and Part 2 are correct. I approve the RNP's application to use the GMS system in the named clinical area of practice.

Signature of Director:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Part 3: HSE Health Area Manager/LHO Manager to complete

I have reviewed the details set out in this *Form* and authorise the named HSE community RNP to access and prescribe under the General Medical Services Scheme.

Signature of HSE Health Area Manager/LHO Manager:

LHO No:

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Part 4: PCRS to complete (for internal use)

		Action								
1	HSE Health Area/LHO Number									
2	GMS Number assigned									
3	Date issued	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
4	Details entered	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
5	PCRS Officer									

Appendix 2

1 of 4

PRIMARY CARE PRESCRIPTION FORM

NAME OF PATIENT		OPT OUT OF GENERIC SUBSTITUTION					PHARMACY SEQUENCE NO.
DATE	ADDRESS OF PATIENT	ITEM NO.	REASON				DISPENSING PHARMACIST'S PROFESSIONAL REG. NO.
HEALTH ELIGIBILITY NO.		NOT OPERATIONAL					PREScriBER'S GMS NO.
PPS NUMBER							GMS

Name, Formulation, Precise Strength, Dosage & Quantity must be stated	Age if under 12 years	Years	Mths	PHARMACIST MUST COMPLETE THIS PART	
				Month Dispensed	Qty. Supplied
				Drug Code	

SAMPLE

I CONFIRM THAT THE PRESCRIPTION ABOVE ADHERES TO CURRENT HSE GUIDELINES <input type="checkbox"/>	PHARMACY STAMP AND COMPUTER NUMBER	SERIAL NO.
PRESCRIBER'S SIGNATURE _____	RECEIVED BY _____ <small>TO BE SIGNED BY PATIENT (OR REPRESENTATIVE)</small>	

PRIMARY CARE PRESCRIPTION PHARMACY COPY

NAME OF PATIENT		OPT OUT OF GENERIC SUBSTITUTION					PHARMACY SEQUENCE NO.
DATE	ADDRESS OF PATIENT	ITEM NO.	REASON				DISPENSING PHARMACIST'S PROFESSIONAL REG. NO.
HEALTH ELIGIBILITY NO.		NOT OPERATIONAL					PREScriBER'S GMS NO.
PPS NUMBER							GMS

Name, Formulation, Precise Strength, Dosage & Quantity must be stated	Age if under 12 years	Years	Mths	PHARMACIST MUST COMPLETE THIS PART	
				Month Dispensed	Qty. Supplied
				Drug Code	

Pharmacy Copy

SAMPLE

<p>I CONFIRM THAT THE PRESCRIPTION ABOVE ADHERES TO CURRENT HSE GUIDELINES <input type="checkbox"/></p> <p>PREScriBER'S SIGNATURE _____</p>	<p>PHARMACY STAMP AND COMPUTER NUMBER</p> <p>RECEIVED BY _____</p> <p>TO BE SIGNED BY PATIENT (OR REPRESENTATIVE)</p>	<p>SERIAL NO.</p>
---	---	-------------------

PRIMARY CARE PRESCRIPTION GP COPY

NAME OF PATIENT		OPT OUT OF GENERIC SUBSTITUTION					PHARMACY SEQUENCE NO.
DATE	ADDRESS OF PATIENT	ITEM NO.	REASON				DISPENSING PHARMACIST'S PROFESSIONAL REG. NO.
HEALTH ELIGIBILITY NO.		NOT OPERATIONAL					PREScriBER'S GMS NO.
PPS NUMBER							GMS

Name, Formulation, Precise Strength, Dosage & Quantity must be stated	Age if under 12 years	Years	Mths	PHARMACIST MUST COMPLETE THIS PART	
				Month Dispensed	Qty. Supplied
				Drug Code	

GP Copy

SAMPLE

<p>I CONFIRM THAT THE PRESCRIPTION ABOVE ADHERES TO CURRENT HSE GUIDELINES <input type="checkbox"/></p> <p>PREScriBER'S SIGNATURE _____</p>	<p>PHARMACY STAMP AND COMPUTER NUMBER</p> <p>RECEIVED BY _____</p> <p>TO BE SIGNED BY PATIENT (OR REPRESENTATIVE)</p>	<p>SERIAL NO.</p>
---	---	-------------------

PRIMARY CARE PRESCRIPTION RNP COPY

NAME OF PATIENT		OPT OUT OF GENERIC SUBSTITUTION					PHARMACY SEQUENCE NO.
DATE	ADDRESS OF PATIENT	ITEM NO.	REASON				DISPENSING PHARMACIST'S PROFESSIONAL REG. NO.
HEALTH ELIGIBILITY NO.		NOT OPERATIONAL					PREScriBER'S GMS NO.
PPS NUMBER							GMS

Name, Formulation, Precise Strength, Dosage & Quantity must be stated	Age if under 12 years	Years	Mths	PHARMACIST MUST COMPLETE THIS PART	
				Month Dispensed	Qty. Supplied
				Drug Code	
RNP Copy SAMPLE					

<p>I CONFIRM THAT THE PRESCRIPTION ABOVE ADHERES TO CURRENT HSE GUIDELINES <input type="checkbox"/></p> <p>PREScriBER'S SIGNATURE _____</p>	<p>PHARMACY STAMP AND COMPUTER NUMBER</p> <p>RECEIVED BY _____</p> <p>TO BE SIGNED BY PATIENT (OR REPRESENTATIVE)</p>	<p>SERIAL NO.</p>
---	---	-------------------