**Adult Social Care Nurse Prescribing Pilot-Guidance for ICBs**

## **Introduction**

The Department of Health and Social Care (DHSC) has made available £461,000 for the 2025/26 Adult Social Care (ASC) Nurse Prescribing Pilot. The aim of the pilot will be to support nurses in ASC to undertake modules in prescribing, this will upskill them to prescribe medicines to care users within ASC settings. Through this pilot, we intend to understand the impact of increasing the number of nurses with prescribing qualifications and whether this leads to improved outcomes, supports safe discharge, and whether this contributes towards addressing capacity issues, by freeing up clinicians from spending time on prescribing themselves, streamlining care delivery.

In order to do this, we intend to fund 7 Integrated Care Boards ICBs (1 per region) to support approximately 20 nurses within their Integrated Care Systems to take a Nursing and Midwifery Council (NMC) approved nurse prescribing course, and towards practice educator time and prescription pads.

To take part in the pilot, ICBs must apply for through the Expression of Interest (EOI) and demonstrate that they meet the eligibility criteria (set out in the criteria section below). This includes that they have clear plans for the funding, commit to providing evidence of spend in line with the criteria and engagement with the evaluation, and that the nurses will be able to use the qualification on completion of the course. Initially, we will prioritise courses that end by 31 March 2026. Once we have assessed all applications, we may consider applications from ICBs whose chosen courses end after 31 March 2026 (see sifting criteria section below).

This guidance sets out the purpose of the funding, how ICBs should apply and requirements for delivery.

**Purpose**

We want to ensure that people who access adult social care have safe and fast access to the prescriptions that they need. Therefore, we are funding a pilot to support nurses in adult social care to become prescribers. We expect that this will enable nurses to prescribe medicines quickly and independently, and support safe discharge, thereby simplifying care delivery and improving patient outcomes.

We also recognise and value the vital contribution of nurses in adult social care and are committed to developing skills of the workforce. The qualification provides nurses with credits towards the advanced practice masters and so supports the upskilling and development of nurses in adult social care.

**About this funding**

We expect to make up to £65,000 available per ICB to be used for the prescribing course cost, and optionally towards practice educator time and prescription pads, this may be higher if we select less than 7 ICBs due to less than 7 sufficiently meeting our sifting criteria. Costs will be paid on a reimbursement basis, with funding distributed via NHS England (NHSE), under Section 223B (3)(a) of the National Health Service Act 2006, following evidence of completion of an [NMC-approved Nurse Prescribing Course](https://www.nmc.org.uk/education/approved-programmes/) (“the course”) and appropriate receipts of purchase being provided to DHSC (further information can be found [here](https://www.nmc.org.uk/education/becoming-a-nurse-midwife-nursing-associate/becoming-a-prescriber/)).

Each area selected from the EOI applicants should aim to support around 20 nurses in their ICSs to undertake the modules with the funding provided, but this is not a requirement.

ICBs are responsible for coordinating nurse enrolment onto the Course. Once the Course has been completed and evidence has been approved by DHSC, the agreed funding for reimbursement of Course cost and any additional funding will be disseminated to the ICB from NHSE.

## If any nurse enrolled in a Course fails to complete the Course, the ICB must notify DHSC as soon as reasonably practicable, providing reasoning. In such cases where the nurse enrolled fails to complete the Course after the end of November 2025, the ICB will still be funded for the course costs by DHSC through NHSE.

## **About the Expression of Interest (EOI) application process**

### **Who can submit an EOI**

We welcome EOIs from individual ICBs and groups of collaborating ICBs in England. When ICBs are collaborating, a lead ICB must be identified and, if successful, the lead ICB will be responsible for coordinating/ delivery of the pilot in their ICSs. We are hoping to select one ICB per region, subject to applications meeting the sifting criteria.

If an ICB is found to be named on multiple application forms, they risk having their application(s) dismissed.

If successful, it will be the responsibility of the ICB to coordinate the pilot in their ICS, which includes identifying the nurses and courses, and abiding by the conditions of the EOI and MoU. Eligible expenditure includes the cost of the NMC-approved nurse prescribing courses, practice educator time, and prescription pads.

We will only consider Expressions of Interest from ICBs who meet the sifting criteria and ICBs will be required to detail the spend expected on eligible expenditure within the application form.

### **Sifting criteria**

We intend to select up to 7 ICBs for the 2025/26 Nurse Prescribing Pilot. Each application will be sifted on the below criteria. The scoring is made clear at each question.

1. demonstrate clear plans of how they will run pilots in their ICS, including detailing the following:
2. how they plan to use the funding in line with the eligible expenditure
3. effective use of the funding i.e. how many nurses supported at what cost per course
4. course completion date\*
5. that the nurses will be supported to complete the course and be able to prescribe in ASC settings once qualified (including Higher Education Institute (HEI) approval of care setting, practice educator support, ensuring the CQC-registered care providers have appropriate indemnity insurance or plans to obtain it)
6. demonstrate if / how they intend to use the funding for additional costs i.e. practice educator time and prescribing pads
7. commit to providing evidence of course completion and purchase of additional support such as prescriber pads and practice educator time
8. commit to engaging with the evaluation of the pilot (for example, providing feedback on the scheme by taking part in interviews, focus groups and surveys)
9. are of a regional spread across the country (we aim to have one ICB per region, subject to interest and achievement of the above sifting criteria)

If there are two or more ICBs within the same region that meet the above criteria to the same scoring, **we will select on a first come, first served basis.** **ICBs will need to meet the sifting criteria above to be included within the sifting process and should detail their plans for delivery in the questions within the EOI to meet the minimum requirements for funding.**

\*There may be up to two stages to the sifting process:

1. the first stage - sifting of applications with course completions before March 2026; and
2. a potential second stage - sifting of applications with course completions after March 2026.

The second stage shall be held only if there are less than 7 ICBs selected at the first stage, and we choose to conduct a second sift.

Two potential example scenarios are set out below:

* If 7 ICBs meet all criteria (regardless of regional spread) and have chosen courses that will complete by March 2026, they will all be allocated the funding. There will be no further sifting stage.
* If fewer than 7 ICBs meet all the criteria and the courses complete by March 2026, those ICBs will be allocated the funding (regardless of regional spread). The remaining slots may be selected in a second stage of application sifting, should we choose to take forward a second stage. Those ICBs where course completion happens after March 2026, but who meet all other criteria will be assessed at this point. Courses that end earlier in the 2026/27 financial year will be scored higher (see question 1c(2) for scoring criteria).

**How to apply**

EOI applications must be submitted by **21 August 2025 at 11.59pm**, and ICBs can expect to know if they are selected for the pilot in August.

A maximum of one application form can be submitted per ICB (whether as an individual or part of a collaboration. A collaboration will require a lead ICB to be responsible for the delivery of the pilot in their region and to receive the fund). If an ICB is found to submit multiple application forms, they risk having their application(s) dismissed.

Please submit this form as a single word document by email to: **ascnurseprescribing@dhsc.gov.uk** by **21** **August 2025 at 11.59pm.** The subject line of your email should be as follows: ASC Nurse Prescribing Pilot EOI: [ICB NAME].

Supplementary information should not be submitted and will not be considered.

### **Key timings**

|  |  |
| --- | --- |
| **Action** | **Dates** |
| **Deadline for EOI applications** | 21 August 2025 |
| **ICB informed of outcome and sign an MoU with DHSC** | August 2025 |
| **Nurses enrolled on course and complete course** | Between September 2025 – March 2026 (and beyond if agreed with DHSC) |
| **Submit evidence of course completion** | March 2026 (and beyond if agreed with DHSC) |
| **Payments made** | By 31 March 2026 (and beyond if agreed with DHSC) |

## **Requirements for ICBs**

### **ICB reporting on spending**

Successful ICBs will be expected to complete and return a MOU with DHSC and NHSE. The MOU will not be legally binding but will further set out the eligible expenditure for the pilot.

The MOU will be sent to individual ICBs or the lead ICBs that have been successful in securing funding following the EOI process. The MOU will include information about future reporting requirements.

The MoU will commit ICBs to provide evidence that they have spent funds on activity associated with supporting the pilot (refer to the 'sifting criteria’ section in this document).

Note: we will not require copies of the nurse’s personal information but will require anonymised documentation that evidences enrolment and completion for each nurse, except for instances where there has been a dropout after enrolment.

For more information on DHSC use of data, see the [DHSC privacy notice](https://www.gov.uk/government/publications/dhsc-privacy-notice).

### **DHSC departmental assurance processes**

ICBs are expected to comply with any departmental assurance processes. DHSC will review the information provided by ICBs. If DHSC finds evidence of misuse, ICBs will not be eligible for reimbursement.

**ICBs assurance processes**

ICBs are advised to have their own assurance processes in order to confirm that they are spending in line with the guidance, to cover course fees and any associated costs upfront until the courses are complete and evidence has been approved.

**Managing risk of fraud**

ICBs should:

* maintain a sound system of internal financial controls
* ensure that appropriate measures are put in place to mitigate against the risk of fraud
* assure themselves that they are able to receive funds from NHSE
* as far as possible, put measures in place to ensure this funding is not used to support activity that has been funded by an alternative source of public funding
* Support nurses through the qualification to ensure minimum dropouts

If an ICB has any grounds for suspecting financial irregularity in the use of this funding, it should notify DHSC immediately, explain what steps are being taken to investigate the suspicion and keep DHSC informed about the progress of the investigation. For the purposes of interpretation, ‘financial irregularity’ includes fraud or other impropriety, mismanagement, and the use of funding for purposes other than those for which it was provided.

**Circumstances where ICBs will not be eligible for reimbursement**

ICBs should promptly notify and repay immediately to DHSC via NHSE any money incorrectly paid to it either as a result of an administrative error or otherwise. If the ICB fails to repay the due sum immediately, the sum will be recoverable summarily as a civil debt.

There is an expectation for ICBs to work with DHSC to provide the necessary information and data to monitor and evaluate progress against the aims of the pilot. If the appropriate evidence isn’t provided by the ICB, the costs will not be reimbursed for the course cost or additional support costings.

DHSC will also request confirmation of nurse prescribing course enrolments and course completion as appropriate. More information on these processes will be included in the MOU sent to each ICB.