**Guidance for NHS Doncaster CCG Non-Medical Prescriber**

**Registration, Deletion or Amendment**

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# Aim

To ensure the NHS Business Services Authority (NHSBSA) registration, deletion or amendment of all Doncaster GP Practice Non-Medical Prescriber (NMP) requests is completed effectively for NMPs working within NHS Doncaster.

# Responsibility

**Local Practice**

It is the responsibility of the NMP and their manager to contact the Medicines Management Team (MMT) to request registration, deletion or amendment and then complete the appropriate forms correctly and return to the MMT.

It is the responsibility of the local practice to ensure post NHSBSA registration that the NMP maintains their registration with their professional body and only prescribes within their clinical competence & confidence.

**Medicines Management Team**

It is the responsibility of the MMT staff to respond to any NMP registration requests in a timely manner, and then undertake the NHSBSA registration process detailed below effectively.

# Process

If you are a:

* Healthcare professional who has recently gained the Non-Medical Prescriber qualification or
* The manager of a newly qualified NMP or
* The manager of a NMP who is recently employed by your organisation

You will need to submit a request to NHS Doncaster Clinical Commissioning Group (CCG) Medicines Management Team to register the NMP with the NHS Business Services Authority.

To submit a request the following steps below must be undertaken:

1. **Select and complete the appropriate NHS BSA form embedded below or via the webpage for joiners, amendments or leavers:**

[**https://www.nhsbsa.nhs.uk/ccgs-area-teams-and-other-providers/organisation-and-prescriber-changes/ccgs**](https://www.nhsbsa.nhs.uk/ccgs-area-teams-and-other-providers/organisation-and-prescriber-changes/ccgs)

* the registration form for a **NMP joining the practice**

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* the deletion form for a **NMP leaving the practice**

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* or amendment form for a **NMP Change of details**

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1. **Complete the NMP Employer Declaration** [**appendix 1**](#_Appendix_1)

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1. **Email the Medicines Management Team** donccg.medicinesmanagementadmin@nhs.net requesting they process the NMP registration with the NHSBSA.
* Ensure **both** the completed **NMP Employer Declaration** **form** and the appropriate **NHSBSA form** are attached to the email.
* The prescriber details will be registered with the NHSBSA, routinely this is completed within 3 working days. You will **not** receive any notification from the NHS Business Services Authority when this is completed.
* You can now add the prescriber to your practice IT system (should you need any assistance to undertake this process please contact the Data Quality team ROCCG.RandDCCGsDataQuality@nhs.net or Systm1/Emis directly)
1. **If a prescription pad is required please request this via the Primary Care Support England portal** <http://pcse.england.nhs.uk/>
* A prescription pad will then be delivered in the next 4-6 weeks.
* For any queries about prescription pads please contact Primary Care Support England Email: PCSE.enquiries@nhs.net Tel: 0333 0142 884
1. **If a paper copy of the British National Formulary (BNF) is required:**

Please click here [**https://www.bnf.org/contact/**](https://www.bnf.org/contact/) and follow the instructions under Requesting copies and distribution of BNF publications.Appendix 1

**Non-Medical Prescriber Employer Declaration**

**To be completed by the Non-Medical Prescribers manager (with the NHSBSA registration form for a NMP joining the practice) & emailed to:** **donccg.medicinesmanagementadmin@nhs.net**

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| --- | --- |
| **Name of prescriber to be registered:** |  |
| **Registration / PIN No:** |  |
| **Position:** |  |
| **Email address:** |  |
| **Practice address or Base Point:** |  |
| **Tel No:** |  |
| **Please confirm the following:** |  |
| **NMPs professional body registration status has been checked and there are** **no restrictions on practice:** |  |
| **If the NMP has any cautions / orders please confirm how you are appropriately managing them and that they can safely and effectively practice as an NMP:** |  |
| **NMP will be prescribing within their clinical competence and confidence:** |  |
| **A specimen signature from the NMP has been obtained for your records:** |  |
| **Manager’s name:** |  |
| **Manager’s signature:** |  |
| **Date:** |  |