

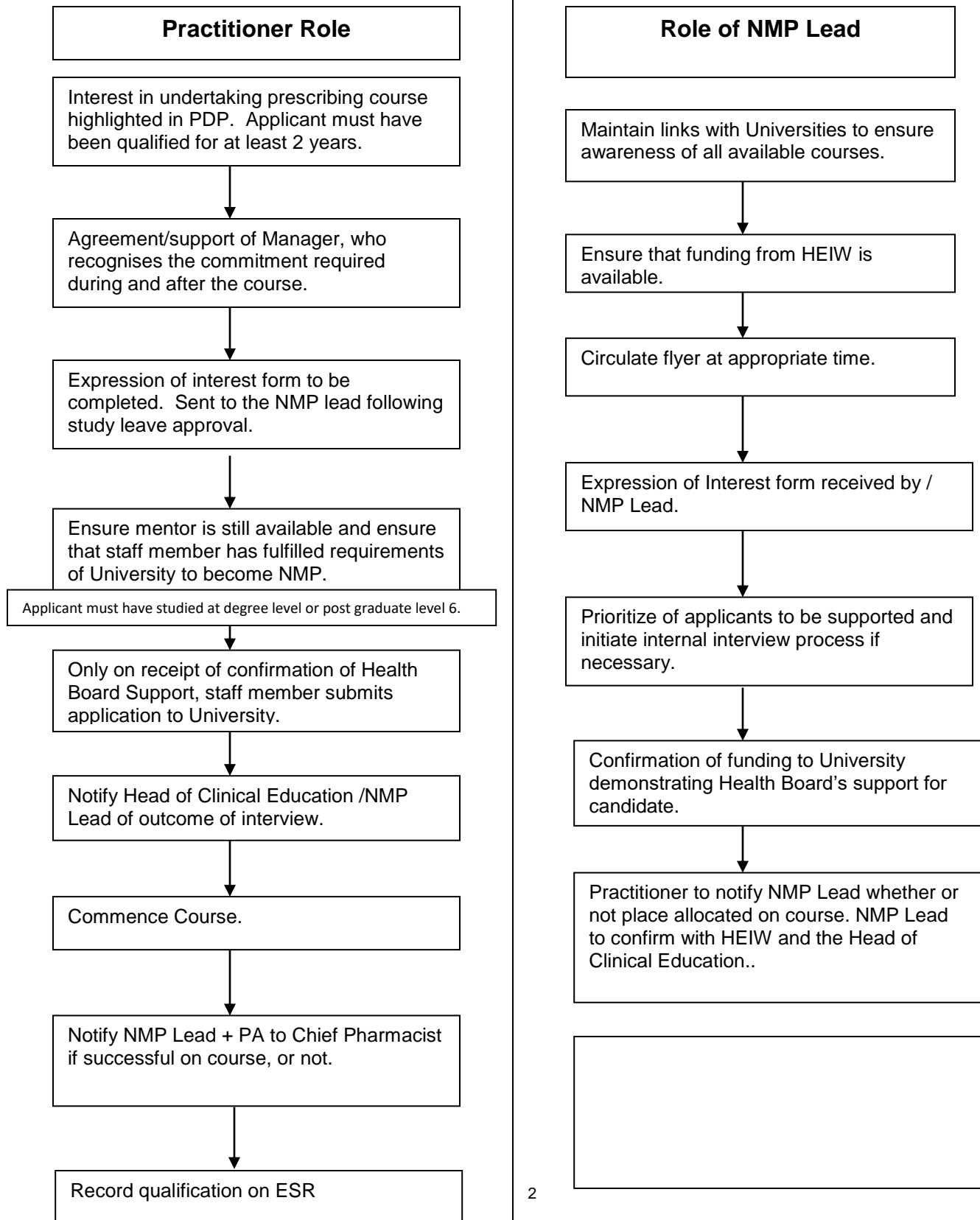
POWYS TEACHING HEALTH BOARD GUIDELINES FOR STAFF ON BECOMING A NON- MEDICAL PRESCRIBER 2021

Disclaimer

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

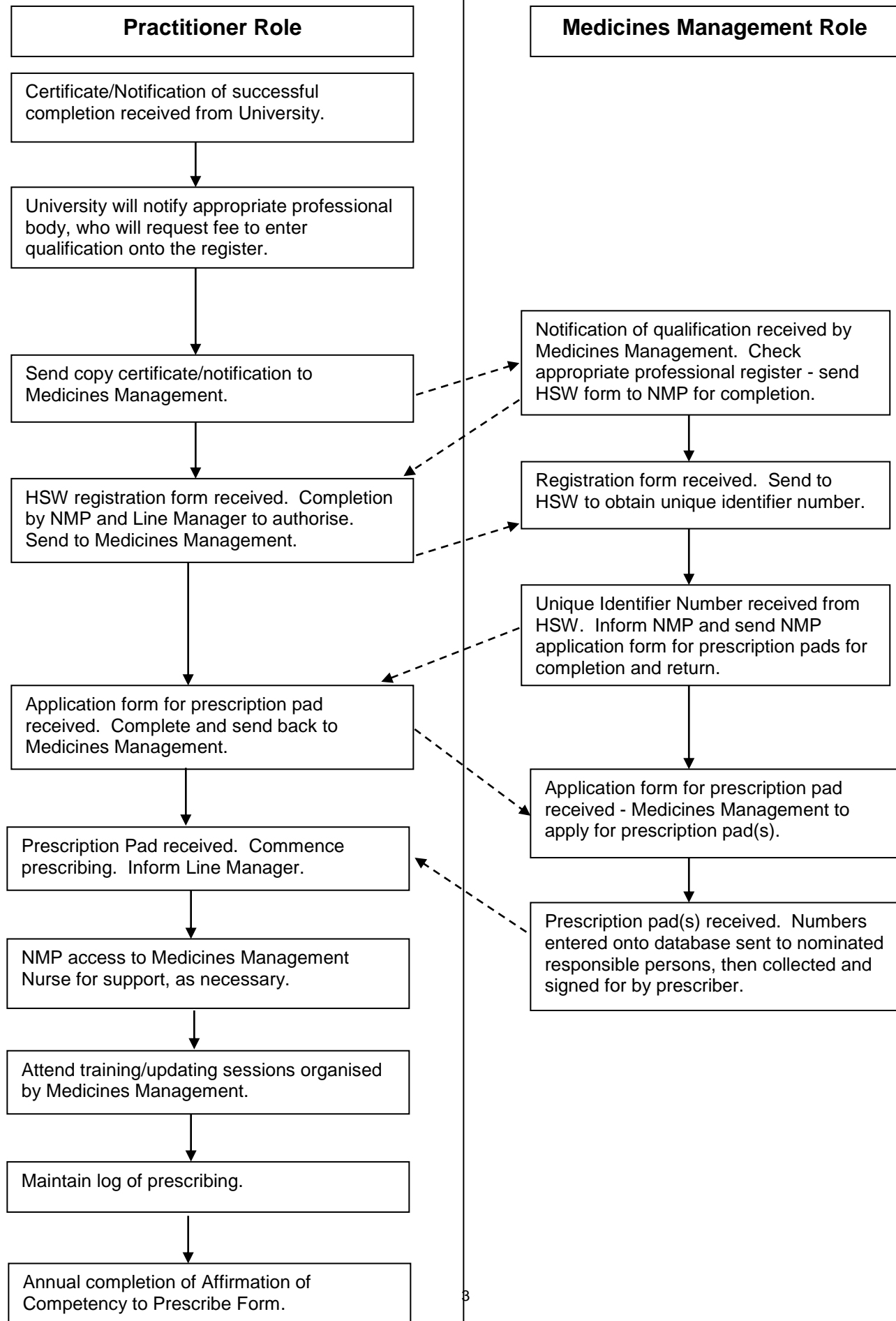
Flowchart A

Flowchart A - Process to be followed when applying for Prescriber Courses through to qualification as a Non-Medical Prescriber



Flowchart B

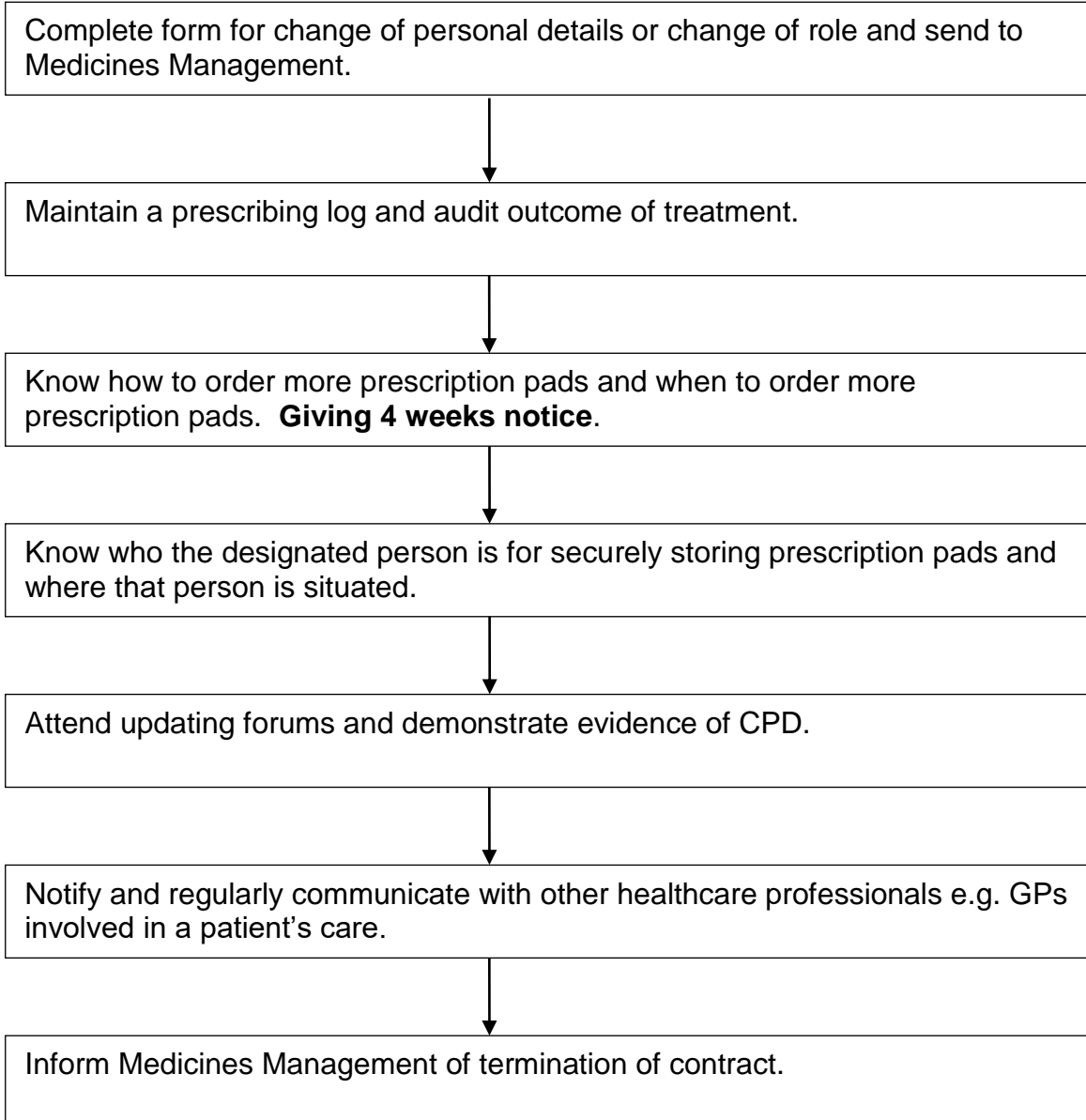
Flowchart B - Process to be followed on successful Completion of Non- Medical Prescriber Course



Flowchart C

Flowchart C - Ongoing process to be followed By Non- Medical Prescribers

The Non- Medical Prescriber must:



INDEPENDENT, SUPPLEMENTARY AND LIMITED PRESCRIBING EXPRESSION OF INTEREST

Please indicate which applies to your expression of interest: -

| | | |
|--|--|--|
| Supplementary <i>(Podiatrists, Physiotherapist, Radiographers)</i> | Independent <i>(Nurses, Pharmacists, Podiatrists and Physiotherapists)</i> | Limited Health Visitors and District Nurses who do not possess the SPQ (V150) |
|--|--|--|

**This form needs to be completed if you are interested in undertaking Supplementary,
Independent or Limited prescribing course and returned electronically to:**

susan.newport@wales.nhs.uk

| | |
|--|--|
| Name | |
| Post Title | |
| Base | |
| Band | |
| Contact Details | |
| Brief description of current role / practice | |
| Identify how prescribing would be applied in your practice area | |
| Identify how this will benefit the service and patients | |
| Is prescribing needed to support new service developments and if so please explain the service | <ul style="list-style-type: none"> Requires completion and submission of PTHB Non -Medical Prescribing Development Plan (Appendix 1) NMP Policy |

| | | |
|---|---|-------|
| Identify Designated Prescribing Practitioner (DPP) who will support supplementary or independent prescribing: (please get them to sign at the bottom of the page) | GPhC = Designated Prescribing Practitioner HCPC = Practice Educator (PE) NMC = Practice Assessor/ Practice Supervisor | |
| Identify Senior Manager who will provide professional support | | |
| Which University are you seeking to undertake prescribing with (include course date) | | |
| Contact Details of the University (email / telephone) | | |
| Signature of Line Manager supporting study leave | Signature: | Date: |
| | Print: | |
| Signature of Service Lead (Nurse, Therapist, Pharmacist) | Signature: | Date: |
| | Print: | |
| Signature of : DPP. PE. P /Assessor . P/Supervisor. | Signature: | Date: |
| | Print: | |

Office Use

| | | |
|---|------------------|--|
| Expression of interest form received | Signature | |
| Application: Approved Declined | Signature | |
| Outcome Information: | | |

Designated Person

Designated person(s) will accept the prescription pad(s) and keep in secure storage prior to collection by the NMP.

| Hospital | Name of Responsible Person | Telephone Number |
|---------------------------|--|------------------|
| Brecon | Sharon Lloyd Jacky Bain Rachel Hall | 5606 |
| Bronllys | Danielle Morrow (Monday-Wednesday) Kym Swan | 2434 |
| Builth Wells (Glan Irfon) | Mandy Kinrade Joanne Jones | 01597 827770 |
| Knighton | Chris Davies | 1205 |
| | Lyndsey Austin | 1200 |
| | Lisa Powell | 1200 |
| Llandrindod Wells | Katie Davies (NWD – WEDNESDAY) | 8760 |
| Llanidloes | Ceri Morris | 4200 |
| | Anwen Jerman | 4200 |
| | Elizabeth Tambling | 4266 |
| Machynlleth | Anwen Jones | 5216 |
| | Andrea Pugh | 5216 |
| | Janet Davies | 5218 |
| Newtown | Contact Centre | 7266 |
| Welshpool | Penny Evans (Patient Services) | 8924 |
| | Samantha Powell | 8942 |
| | Faye Sedgwick | 8915 |
| | Jayne Roberts | 8915 |
| | Nicki Corrin | 8917 |
| Ystradgynlais | Michael Powell | 6425 |

Management of prescription pad

- Prescription pads will be supplied by the P.A to the Chief Pharmacist, following completion of a request form by the NMP.
- The P.A to the Chief Pharmacist will forward the prescription to the person based locally to the NMP who is an approved signatory to receive and store the prescription pads securely.
- Each prescription pad for Independent prescribers will be specific to the GP practice(s) that you work with. If you do have multiple pads please ensure that the correct one is used in line with the patient's GP.
- Your prescription pad is 'controlled stationery' and therefore must be kept secure at all times.
- Prescription pads should not be left unattended at any time in the practice or in a car.
- Prescriptions should be locked in a drawer when a practitioner leaves the room, regardless of the reason or length of absence.
- It would be good practice to record the serial number of the first prescription in a pad at both the start and end of the session
- A limited number of forms should be taken for home visits/use outside the practice.
- You are responsible for ordering your next prescription pad and should be ordered dependent on the number and frequency of prescriptions you issue. **It will take approximately 4 weeks to obtain a new pad.** To order a new pad complete the applicable form (from Appendix 8) sent to you by the P.A to the Chief Pharmacist.
- Completed forms should then be returned to the P.A of the Chief Pharmacist.
- When the new prescription pad is received by the P.A. to the Chief Pharmacist you will be notified by email. The pad will be forwarded to the designated person in your area who is responsible for accepting and storing the prescription pad. You will collect your new pad from this person.

All prescriptions issued will be recorded on the Medicines Management Database and also you should document the date and serial number(s) of the new prescription pad in your personal log.

Form 2

I _____ declare that I wish to register as a
Non- Medical prescriber.

Please tick appropriate course ☐ V300 ☐ V150 ☐ V100

I completed the _____ course at
_____ University on

I received notification of my qualification on _____ and have registered
the qualification with my professional body _____ on

My PIN _____

Registration Number is _____

Please forward this form to:

P.A. to Chief Pharmacist.
Medicines Management Department
Hafren,
Bronllys Hospital

Form 3

I _____ give notice that I have practised as a non medical prescriber for my previous employer _____ over the period from _____ to _____ and that I now wish to register my qualification with my current employer, Powys Teaching Health Board.

My registration number is _____

My professional body is _____

Please forward this form to:

P.A. to Chief Pharmacist
Medicines Management Department
Hafren
Bronllys Hospital

Annex A1

Notification of Newly Qualified Nurse Prescriber

Change in Circumstances

Use this form to advise details relating to Community NHS Trust Nurse Prescribers.

Use only one form per nurse.

TO:- 4th Floor Primary Care Services, NWSSP, Companies House, Crown Way, Cardiff CF14 3UB

FROM: NHS Trust

| PLEASE TICK | TYPE OF CHANGE | NOTES ON COMPLETION |
|-------------|--|--|
| | Newly qualified nurse prescriber | Please complete sections A and B and Part C1 |
| | Nurse working for additional Trust | Please complete part A1 and A2, Section B and Part C1 |
| | Nurse's employment ends at specified unit | Please complete, as a minimum, parts A1, A2, B1, B2 and C2 |
| | Change of Surname | Please complete sections A and B |
| | Nurse details to be removed from all current organisations | Please complete, as a minimum, parts A1, A2 and C2 |

EFFECTIVE DATE OF THE CHANGE (TO BE COMPLETED IN ALL CASES):

SECTION A: Nurse prescriber details

| Ref | Description | Details |
|-----|---|---------|
| 1 | Nurse UKCC PIN Number | |
| 2 | Nurse Name and Initials | |
| 3 | Title (e.g. Mr/Mrs/Miss/Ms/ Sister, etc) | |
| 4 | Qualification (i.e. District Nurse or Health Visitor) | |
| 5 | Nurse prescribing training examination pass date | |

SECTION B: NHS Trust details

| Ref | Description | Details |
|-----|---|---------|
| 1 | NHS Trust contract code | |
| 2 | NHS Trust name | |
| 3 | NHS Trust address (centre from where nurse works) | |

SECTION C: Details of the nurse prescriber in the NHS Trust

| Ref | Description | Details |
|-----|-------------------------|---------|
| 1 | Start date in NHS Trust | |
| 2 | End date in NHS Trust | |

Signature: NHS Trust employee providing information

Name: NHS Trust employee providing information

Form 4
-
Limited
Prescribers
(V1 00)

Form 5 – Independent Prescribers (V300)

NOTIFICATION OF INDEPENDENT PRESCRIBER DETAILS

Use this form to advise NWSSP of details of new independent prescribers or changes in circumstances. **Note:** One form should be completed for each GP practice from which the prescriber will work.

Please send this form to: 4th Floor Primary Care Services, NWSSP, Registration Dept., Companies House, Crown Way, Cardiff, CF14 3UB

ACTION (please tick as appropriate)

| | |
|---|--|
| New qualification | |
| Working for additional practice | |
| Ceased working for specified practice | |
| No longer working as independent prescriber | |
| Change of Surname | |

SECTION A – Prescriber Details

| | | | | | |
|--|--------------------------------|-------------------------------------|--|-------------------------------------|--------------------------------------|
| Professional Registration Number ¹ | | | | | |
| Full Name | | | | | |
| Title (Mr, Mrs, Miss etc) | | | | | |
| Contact telephone number | | | | | |
| E-mail address | | | | | |
| Profession (please tick one only) | <input type="checkbox"/> Nurse | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Chiropodist |
| Independent Prescribing Examination Pass Date | | | | | |
| Prescriber will be using GP system to generate prescriptions | Yes | No | (Delete as applicable) | | |

SECTION B – GP Practice Details

| | | |
|-------------------------------|--|--|
| GP Practice Code ² | | |
| Senior Partner Name | | |
| Address | | |
| Start Date in Practice | | |
| End Date in Practice | | |

Signature of Independent Prescriber: _____

Authorised by
(Full name): _____

Signature : _____

NWSSP USE ONLY

| | | | | | |
|---------------------------------------|--|----------|--|----------|--|
| Date Actioned | | Initials | | Welsh ID | |
| Date Prescriber Notified of Welsh ID. | | | | | |

¹ NMC number or Pharmacist registration number

² NWSSP practice code – a practice code look up facility can be found at <http://howis.wales.nhs.uk/prescribing>

POWYS TEACHING HEALTH BOARD
Non Medical Prescriber Controlled Stationery Order Form
Order Form for WP10CN
Community (Limited Prescriber) Staff

Non Medical Prescriber Prescription Forms

Please send *complete/authorized form to: ***P.A. to Chief Pharmacist***
Medicines Management Department
Hafren
Bronllys Hospital
Tel: 01874 71 2641 (Internal 2641)
Fax: 01874 71 2651 (Internal 2651)

Date: _____

| | |
|---|--|
| Name of Prescriber | |
| NMC Number | |
| Unique Welsh Nurse Identifier (Q Number) | |
| Nurse's Base | |
| Safe Place for Delivery | |
| Nurse's Signature | |
| Name of Responsible Person (Print) | |
| Signature of Responsible Person: | |

*** REMINDER - Any unauthorised forms will result in delay in ordering**

For Medicines Management Use only

| | |
|---|--|
| Date order received | |
| Date request sent to Printers | |
| Date prescription pad received in Medicines Management | |
| Serial Numbers | |

Form 7

POWYS TEACHING HEALTH BOARD
Non Medical Prescriber Controlled Stationery Order Form
Order Form for WP10IP
Independent Prescriber Community Staff

Non Medical Prescriber Prescription Forms

Please send *completed/authorized form to: ***P.A. to Chief Pharmacist***
Medicines Management Department
Hafren
Bronllys Hospital
Tel: 01874 71 2641 (Internal 2641)
Fax: 01874 71 2651 (Internal 2651)

Date: _____

| | |
|---|--|
| Name of Prescriber | |
| Professional Regulators Number | |
| Unique Welsh Identifier (J number) | |
| Prescribers Base | |
| Safe Place for Delivery | |
| Prescribers Signature | |
| Signature of Responsible Person: | |
| Print Name of Responsible Person: | |

*** REMINDER - Any unauthorised forms will result in delay in ordering**

For Medicines Management Use only

| | |
|---|--|
| Date order received | |
| Date request sent to Printers | |
| Date prescription pad received in Medicines Management | |
| Serial Numbers | |

Form 8

POWYS TEACHING HEALTH BOARD
Non Medical Prescriber Controlled Stationery Order Form
Order Form for WP10SP
Community Supplementary Prescriber Staff

Non Medical Prescriber Prescription Forms

Please send ***complete/authorized** form to: ***P.A. to Chief Pharmacist***
Medicines Management Department
Hafren
Bronllys Hospital
Tel: 01874 71 2641 (Internal 2641)
Fax: 01874 71 2651 (Internal 2651)

Date: _____

| | |
|---|--|
| Name of Prescriber | |
| Professional Regulators Number | |
| Unique Welsh Identifier (S Number) | |
| Prescribers Base | |
| Safe Place for Delivery | |
| Prescribers Signature | |
| Signature of Responsible Person: | |

*** REMINDER - Any unauthorised forms will result in delay in ordering**

For Medicines Management Use only

| | |
|---|--|
| Date order received | |
| Date request sent to Printers | |
| Date prescription pad received in Medicines Management | |
| Serial Numbers | |

POWYS TEACHING HEALTH BOARD
Nurse Prescribing Controlled Stationery Order Form
Order Form for WP10HIP
Independent Prescriber (Hospital) Staff

Non Medical Prescriber Prescription Forms

Please send ***completed/authorised** form to: ***P.A. to Chief Pharmacist***
Medicines Management Department
Hafren
Bronllys Hospital
Tel: 01874 71 2641 (Internal 2641)
Fax: 01874 71 2651 (Internal 2651)

Date: _____

| | |
|---|--|
| Name of Prescriber | |
| Professional Regulators Number | |
| Prescribers Base | |
| Safe Place for Delivery | |
| Prescribers Signature | |
| Signature of Responsible Person: | |

*** REMINDER - Any unauthorised forms will result in delay in ordering**

For Medicines Management Use only

| | |
|---|--|
| Date order received | |
| Date request sent to Printers | |
| Date prescription pad received in Medicines Management | |
| Serial Numbers | |

POWYS TEACHING HEALTH BOARD
Non Medical Prescriber Controlled Stationery Order Form
Order Form for WP10IPSS
Independent Prescriber (print-out)

Non Medical Prescriber Prescription Forms

Please send ***completed/authorised** form to: ***P.A. to Chief Pharmacist***
Medicines Management Department
Hafren
Bronllys Hospital
 Tel: 01874 71 2641 (Internal 2641)
 Fax: 01874 71 2651 (Internal 2651)

Date: _____

| | |
|---|--|
| Name of Prescriber | |
| Professional Regulators Number | |
| Unique Welsh Identifier (J number) | |
| Prescribers Base | |
| Safe Place for Delivery | |
| Prescribers Signature | |
| Signature of Responsible Person: | |
| Print Name of Responsible Person: | |

*** REMINDER - Any unauthorised forms will result in delay in ordering**

For Medicines Management Use only

| | |
|---|--|
| Date order received | |
| Date request sent to Printers | |
| Date prescription pad received in Medicines Management | |
| Serial Numbers | |