

Medicines Optimisation

What to do When Prescribers Join or Leave a GP Practice

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1. The purpose of this guide is to:

- Provide clarity on the process that must be followed when a prescriber moves practice or the status of a prescriber changes within a practice; thus ensuring the National Performers List (NPL) and prescribing data are accurate.
- Demonstrate the importance of the correct use and management of General Practitioner (GP) and Non-Medical Prescriber (NMP) Codes to ensure the National Health Service Business Services Authority (NHSBSA) Prescription Services GP Practice Database reflects the correct links to prescriber's current practices.

2. Background information

When GP and NMP i.e. Nurses and Pharmacist prescribers move practice or their status within the practice changes, prescribing information and costs may not be correctly attributed unless the correct notifications occur. It is therefore essential that prescriber codes are linked correctly to ensure prescribing data is accurately maintained. Wrongly attributed prescribing costs can be rectified however the NHSBSA Prescription Services prescribing data cannot be amended.

Prescribing data and associated prescribing costs will be allocated to the wrong cost centre if:

- A prescriber is not linked to the practice they are prescribing at.
- A prescriber has prescribing codes for more than one practice and uses a code in a practice it is not linked to.
- The prescriber is using a prescriber code that has been incorrectly set up on the practice system.
- The prescriber has moved from one practice to another without informing Primary Care Support England (PCSE: also referred to as LASCA, the service provider is Capita).

3. Responsibilities

Authorised Signatories are responsible for notifying the NHSBSA Prescription Services of NMP changes. Authorised signatories have been established within Clinical Commissioning Groups (CCGs) and the North of England Commissioning Support (NECS) unit, Medicines Optimisation (MO) team. A list of authorised signatories, including their contact details, is provided in [Appendix 5](#) of this guide.

GPs are responsible for ensuring the information held by PCSE and NHS England about them is current. GPs are responsible for managing their personal PCSE Online account which is allocated when they first enter practice in England and Wales. The prescriber can view and validate the accuracy of the personal details

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PCSE and NHS England hold for them. GPs must log into their account, which is accessible twenty four hours a day, to inform PCSE of:

- Personal changes i.e change of address or name
- Intent to move practice
- A status change within the practice.

NHS Digital is responsible for:

- Allocating Doctor Index Numbers (DIN) codes (also known as prescriber codes)

NHSBSA Prescription Services is responsible for:

- Creating General Medical Practitioner (GMP) Prescription Pricing Division (PPD) codes
- Maintaining the GP Practice database

PCSE is responsible for:

- Managing changes to the NPL on behalf of NHS England.
- Requesting DIN codes from NHS Digital.
- Notifying NHSBSA Prescription Services of all GP related changes.

The practice is responsible for notifying the authorised signatory (as listed in [Appendix 5](#) of this guide) at their CCG, or the NECS MO CCG link, of NMPs joining or leaving the practice.

4. Unique prescriber identifiers

Care should be taken to ensure prescriber identifiers used on clinical systems are entered correctly as they are used by NHSBSA Prescription Services to collate prescribing data.

4.1. GPs:

DIN Code: If a doctor chooses to enter general practice in England or Wales, a 6-digit number is allocated by NHS Digital. This number is referred to as a DIN or prescriber code. The DIN is the number that is entered onto the GP clinical system and is printed next to the GPs name on their prescriptions. If a GP leaves a practice before joining a new one, and there is no overlap, their current DIN code is retained and the links within NHSBSA prescribing data are updated.

GMC number: All doctors are allocated a GMC Reference Number on their first contact with the GMC. Additionally GPs must also be included on the NHSE medical

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performas list before they can practice in England and Wales. Each GP is identified within the NPL by their GMC number.

GMP PPD Code: The DIN is passed to the requesting CCG or Organisation authorised to act on their behalf who then liaise with NHSBSA Prescription Services. NHSBSA Prescription Services use the DIN to derive the GMP PPD code by prefixing it with a leading character (“G”) and adding a check digit at the end. NHSBSA Prescription Services use this code for the issue of prescription pads etc. A GP holds a DIN and a GMP PPD code simultaneously. Each GMP PPD code relates to one DIN code. Additional GMP PPD codes are required to match each spurious code.

Spurious codes: DIN and GMP PPD codes can only be linked with one site. If a GP is working at multiple sites then additional codes known as Spurious codes are required for each additional site. Spurious codes are not derived from DIN codes but follow the same format, spurious codes are requested from PCSE but are allocated by NHSBSA Prescription Services. A GMP PPD code relating to a spurious code will begin with either 'G6' or 'G7'. Spurious codes will only be issued to GPs who's DIN and GMP PPD codes are already in use at another practice or cost centre, or, for hospital doctors who are not issued with a DIN code. GPs working at multiple sites will require a spurious code and a corresponding GMP PPD code for each additional site or cost centre they prescribe at simultaneously, therefore a GP may have multiple spurious and GMP PPD codes; one of each for each site worked at. It is essential the GP uses the appropriate code at each site to ensure prescribing costs are attributed to the correct budget.

4.2. NMPs: (e.g. Nurses and Pharmacist prescribers)

The unique code used to identify NMPs is their professional registration number. This must be linked to each site an NMP prescribes at via the NHSBSA to ensure prescribing costs are charged to the correct budget. Care should be taken to ensure NMP prescriber numbers used on clinical systems are entered correctly as they are used by NHSBSA Prescription Services to collate prescribing data.

5. National Performers Lists (NPL):

There are three national performers lists operated by NHS England: medical, dental and ophthalmic. The lists provide an extra layer of reassurance that GPs, Dentists and Opticians practicing within in the NHS are suitably qualified and trained. GPs must be included in the medical NPL before they can receive a DIN code. The decision to admit or decline an applicant to the NPL is the responsibility of NHS England.

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The National Performers Lists can be accessed via the following link:

<http://PCSE.england.nhs.uk/performer-list>

NHS England has produced a Standard Operating Procedure (SOP) for organisations providing primary care support services and managing the medical performers List. This SOP is applicable to PCSE and sets out the required processes and expectations of the service. The SOP can be accessed via the following link:

<https://www.england.nhs.uk/wp-content/uploads/2016/02/sop-pcs-medical-performers-feb16.pdf>

6. Managing Performer Information

6.1. PCSE Online:

Performers wishing to join the NPL will be allocated a personal PCSE Online account. PCSE Online is a secure site and users can be assured that their personal details are safe. The performer must access and is responsible for the information held within their online account. Changes can be submitted via PCSE Online twenty four hours a day. Users can save their applications and return to complete and submit them at another time. The service also provides users with the ability to upload supporting documents and evidence. Additionally; face to face identity checks may be conducted by the PCSE National Engagement Team (NET), a team of locally based staff who provide an ongoing point of local contact.

The performer is guided through the application process which cannot proceed unless all necessary information is provided, missing or invalid information will be highlighted thus reducing the likelihood of applications being rejected or delayed.

PCSE will send the completed application to NHSE who make the decision to accept or reject the application.

A record of the application is kept within the online account. The progress of the application can be tracked and the system will identify where in the process the application is. The categories are:

- Draft,
- With PCSE for processing
- With NHSE for decision

Applications that are rejected will be returned to users for re-submission.

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Once included on the NPL, performers are required to inform PCSE, by accessing their PCSE Online account, when intending to move practice or their status within a practice changes. Refer to the table located on [page ten](#) of this guide, which lists the scenarios where a GP must notify PCSE. PCSE Guidelines state that notification of changes must be made within twenty eight days of the change, or, as soon as practicably possible to allow sufficient time for the change to be actioned.

NHSBSA Prescription Services is informed of GP changes by PCSE. NHSBSA will then up-date the GP practice database to reflect the change, ensuring prescribing is attributed to the correct cost centre.

When the practice receives notification from PCSE that the GP is linked with the practice their details can be entered, taking great care to enter the prescriber code correctly, onto the clinical system. Check that prescriptions print correctly with the prescriber code, practice address and cost centre.

It is preferred that the recongised route of notification is followed to ensure all aspects of the GP change is actioned correctly, however in exceptional circumstances, and only in order to ensure prescribing data is accurate where a GP change has not been actioned within the PCSE stated timeframe, the practice manager may inform the authorised signatory (contact details are provided in [Appendix 5](#) of this guide) of a delay regarding the GP change. The authorised signatory may agree to submit an electronically completed Doctor Joining a Practice form to NHSBSA Prescription Services, thereby linking the GP with the practice. A link to the form (for use by CCG and NECS MO staff only) is provided in [Appendix 4](#) of this guide.

It must be noted: NHSBSA Prescription Services can be informed of a GP change via this route, though the proper notifications to NHS England and NHS Digital will not occur and the GP change will not be actioned correctly.

6.2. GP joining from another practice

If a GP is joining from another practice and unless the GP continues to work at their former practice, it is good practice to contact the former practice and obtain confirmaton of the following to ensure prescribing costs are correctly allocated:

- PCSE has been informed the GP has left the practice
- The GP has been removed from the clinical system
- Prescriptions bearing the prescribers number will no longer be issued:
 - Hand held prescription pads have been shredded
 - Repeat prescriptions bearing the prescribers number have been cancelled and destroyed.

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6.3. GPs working in more than one practice

GP DIN and GMP PPD codes cannot be used at multiple sites therefore a separate identifier code (spurious code) must be obtained by the GP from PCSE via their PCSE Online account for each additional practice they are working at. PCSE will inform the practice which code is linked to which cost centre. The prescriber must log onto the practice system correctly at each site using the correct spurious and practice A or Y code and check these are correctly printed on prescriptions issued to ensure the cost of the prescribing is charged to the correct practice. If a DIN or spurious code is used at a site where it is not linked, errors in prescribing data occur resulting in incorrect charging.

6.4. GP leaving a practice

When a GP intends to leave a practice, PCSE must be informed as prescribing cost is associated with the prescriber and their registered location. When a prescriber moves practice the prescribing costs for repeat dispensing will move with the prescriber, even though the patient doesn't. It is therefore vital all repeat prescriptions that have not been dispensed are destroyed.

- Electronic repeat prescriptions that have not been dispensed after a prescriber changes practice must be electronically cancelled.
 - The prescriber must cancel all outstanding issues of electronic repeat dispensing (eRD) prescriptions via their prescribing system, ensuring clinical responsibility and cost for the prescription remains with the patients prescribing site.

The prescriber must contact dispensers, to request any issues of eRD prescriptions that have been downloaded are returned to the NHS Spine as “not dispensed”. These prescriptions will be automatically cancelled and the patient’s record updated. The GP practice should then manage the re-prescribing of the patient’s medication and ensure the clinical system is updated to prevent further prescriptions being issued bearing the prescriber number of the GP who has left. Hand-held prescriptions that have been issued to the GP or stored in the practice must be destroyed to prevent inadvertent use. It is advisable to record the serial numbers of the prescriptions that are to be destroyed and shred or cut them up in the presence of a witness. A form is provided as an embedded document on page [17](#) of this guidance where details of the destroyed prescriptions can be recorded.

PCSE will inform NHSBSA Prescription Services of the change so the prescribers list can be amended.

It is preferred that the recognised route of notification is followed to ensure all aspects of the GP change is actioned correctly, however in exceptional circumstances, and only in order to ensure prescribing data is accurate where a GP

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change has not been actioned within the PCSE stated timeframe, the practice manager may inform the authorised signatory (contact details are provided in [Appendix 5](#) of this guide) of a delay regarding the GP change. The authorised signatory may agree to submit an electronically completed Doctor Joining a Practice form to NHSBSA Prescription Services, thereby linking the GP with the practice. A link to the form (for CCG and NECS MO staff use only) is provided in [Appendix 4](#) of this guide.

It must be noted: NHSBSA Prescription Services can be informed of a GP change via this route, though the proper notifications to NHS England and NHS Digital will not occur and the GP change will not be actioned correctly.

6.5. Trainee GP

Trainee GPs must apply to be included on the Medical Performers List within three months of starting a training scheme and will be notified of their PCSE Online account prior to starting their placement. After being accepted onto the medical National Performers List, PCSE will receive the relevant prescribing codes from NHS Digital, inform the practice and (where appropriate) NHSBSA Prescription Services. Trainee GPs are not classified as permanent staff and so should not use their own DIN when issuing prescriptions. A trainee is logged onto the practice system under the Locum or Bank staff category as detailed in section [6.7](#) of this guide.

6.6. NMPs:

NMPs are linked to practices via their professional registration number. NMPs must be linked to each practice they prescribe to ensure prescribing costs are allocated correctly.

NMP requests for additions / deletions and / or changes to practices, cost centres and prescribers are forwarded to the authorised signatory at the relevant CCG or NECS MO by the Practice. Authorised signatories within CCGs (or an agency representing the CCG; i.e. NECS) must inform NHS Prescription Services of NMP changes. The authorised signatory must electronically complete NMP Joining / leaving a practice form, the completed form is sent to:

nhsbsa.prescriptioninformation@nhs.net

Refer to [Appendix 2](#) of this guide which demonstrates the process to follow when adding or removing NMPs from a practice.

A list of authorised signatories is included in [Appendix 5](#) of this guide

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6.7. Locum and bank staff (GPs and Non-Medical prescribers)

Locums and bank staff must not issue prescriptions bearing their own prescriber number and should prescribe using the prescriber number of another prescriber within the practice. GPs may use the number of a senior partner or the number of the GP they are providing cover for, however these two GPs cannot work at the practice simultaneously. NMPs may use the code of a prescriber linked to the practice with the same prescribing qualification e.g. another nurse prescriber.

Refer to [Appendix 3](#) of this guide which demonstrates the process to follow when including locum and bank staff within a practice

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The table provides the scenarios that are notified to PCSE

Please note: The performer is required to ensure details held by PCSE are current by providing the required information and evidence via their PCSE Online account	
PCSE Online account: complete for:	Required Additional Information / Documentation:
GP trainee applications to join the performers list	Evidence of a DBS check and references in order to complete the application.
For salaried GPs and partners only: <ul style="list-style-type: none"> • Movement to a different NHS England team • If a performer moves between NHS England local offices 	
Change of circumstance or status:	
Transfer of practice within the same locality (salaried GP or GP Partner)	
Change of name	copy of: <ul style="list-style-type: none"> • marriage certificate • deed poll • passport • Or other official documentation providing proof of name change. Originals are not required, scanned or photocopies will be accepted.
Change of status (GP Registrar to qualified GP)	
Change of status (Partner to salaried GP, Partner to Locum, salaried GP to Partner or salaried GP to Locum)	
Change of status (Locum to Partner or Locum to salaried GP)	
Resignation or retirement (Partner or salaried GP)	
Change of address	

6.8. GP Practice Database:

NHSBSA Prescription Services maintain a central database of all GP practices and the permanent prescribers linked to them which is used to allocate prescribing costs. NHSBSA Prescription Services must be notified when prescribers move practices so the central database is current. If the database does not reflect the correct location of each permanent prescriber, prescribing costs will not be charged to the correct budget. Locum or bank prescribers are not included as they are not linked to practices.

- PCSE notify NHSBSA Prescription Services of all GP related changes
- GP practices notify their Authorised Signatory of changes relating to practice employed NMPs i.e. Nurse or Pharmacist prescribers, the Authorised Signatory inform NHSBSA Prescription Services
- NHS Prescription Services maintain updates and additions to GP practices on their systems for a given area and provides updated files to Organisation Data Service (ODS) for publication once a month.

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Appendix 1: Abbreviations

Abbreviation	Definitions
CCG	Clinical Commissioning Group
DIN	Doctor Index Numbers
GMP	General Medical Practitioner
GP	General Practitioner
MO	Medicines Optimisation
NECS	North of England Commissioning Support
NET	National Engagement Team
NHSBSA	National Health Service Business Services Authority
NMP	Non-Medical Prescriber
NPL	National Performers List
PCSE	Primary Care Support England
PPD	Prescription Pricing Division

Appendix 2: NMP Changes (excluding locums and bank staff) Actions Required:

<p>Practice responsibility: Inform the Authorised Signatory as listed in Appendix 4 that an NMP is joining or leaving the practice.</p> <p>The Authorised Signatory at the CCG / NECS must download and electronically complete the NMP joining or leaving a GP practice form from the NHSBSA website – an electronic link to the form is provided in Appendix 3 of this guide</p> <p>Completed forms should be sent to nhsbsa.prescriptioninformation@nhs.net</p>	
<p>If a new NMP joins your practice</p>	<p>If an existing NMP leaves your practice</p>
<p>Where appropriate: contact the prescriber’s former practice and ask them to confirm that the prescriber’s name has been removed from their clinical system. If this does not happen, your practice may be incorrectly charged the cost of any prescriptions issued in his/her name by the former practice. It is also strongly advised that your practice seeks assurances that any hand-held personalised prescriptions that may have been held by the new NMP or at the former practice have been destroyed.</p>	<p>Ensure your practice computer system is amended so that no further prescriptions are issued bearing the details of the prescriber who is leaving to avoid generation of prescriptions bearing the details of an NMP who no longer works in the practice.</p>
<p>If the NMP will be generating prescriptions using practice computers ensure that the clinical system is updated to print the correct details on the prescription. Refer to NHSBSA Prescription Services specifications for overprinting prescriptions. http://www.nhsbsa.nhs.uk/PrescriptionServices/3789.aspx</p>	<p>Ensure any hand-held prescriptions that may have been held by the NMP or stored in the practice are securely destroyed to prevent inadvertent use of them. Record the serial numbers to be destroyed and shred or cut them up in the presence of a witness. Keep the record of the prescriptions destroyed in case of future query.</p>

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Appendix 3: Locum Prescribers and Bank Staff

Locum GP	Locum or bank NMP
<p>Locum GP prescribers should use prescriptions of another GP in the practice. It is good practice for the locum to print their name next to their signature on the prescription, in the event of a query; the dispenser/pharmacist can contact the right prescriber in the practice.</p>	<p>Locum or bank NMPs should use prescriptions of another prescriber in the practice with the same prescribing qualification. It is good practice for the locum or bank NMP to print their name next to their signature on the prescription, in the event of a query, the dispenser/pharmacist can contact the right prescriber in the practice</p>
<ul style="list-style-type: none"> • Locum or bank staff MUST NOT generate prescriptions bearing their own details. • These prescribers are not listed in the NHSBSA Prescription Services organisational database and are not linked to the practice, therefore cost of their prescribing cannot be accurately recorded against the practice code. 	
<p>If a locum GP printed prescriptions with their own name and the practice code The prescription would not be processed properly within NHSBSA Prescription Services.</p> <p>If the GP has a current permanent position in another practice or CCG, the cost of the items prescribed by them in your practice will be charged to the other practice/CCG.</p>	<p>If a locum or bank NMP printed prescriptions with their own name and the practice code The prescription would not be processed properly within NHSBSA Prescription Services.</p> <p>If the locum or bank NMP has a current permanent position in another practice or CCG, the cost of the items prescribed by them in your practice will be charged to the other practice/CCG.</p>
<p>When locum and bank staff cease work with the practice, please ensure that any details added to the clinical system are amended or deleted so that no-one may inadvertently use their details, particularly to generate a prescription.</p>	

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Appendix 4: Organisational information and links to NPL and NHSBSA forms

Organisation	Contact Details	for	Route of Application
Primary Care Support England	Open from: 8:00-17:00, Monday to Friday for all services: Telephone: 0333 014 2884 Email PCSE.enquiries@nhs.net Post : Primary Care Support England, PO Box 350, Darlington, DL1 9QN	GPs leaving or joining the practice	GP to access their personal PCSE Online Account
		GP trainee applications to join the performers list Requesting a GP Spurious Code	
NHS Digital	Email Enquiries@nhsdigital.nhs.uk	DIN code requests	
References for CCG's and NECS MO staff only			
NHSBSA Prescription Services	Email nhsbsa.prescriptioninformation@nhs.net Telephone: 0191 2035112	Prescribers leaving or joining the practice	GP Joining https://www.nhsbsa.nhs.uk/search?aggregated_field=doctor+joining+a+cost+GP+practice&sort_by=search_api_relevance GP Leaving https://www.nhsbsa.nhs.uk/search?aggregated_field=doctor+leaving+a+cost+GP+practice&sort_by=search_api_relevance NMP Joining https://www.nhsbsa.nhs.uk/search?aggregated_field=nmp+joining+a+practice NMP Leaving: https://www.nhsbsa.nhs.uk/search?aggregated_field=nmp+leaving+a+practice&sort_by=search_api_relevance

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Appendix 5: Authorised Signatories

CCG / NECS	Authorised Signatory	Email address
Durham Dales Easington and Sedgefield CCG	Kate Huddart (NECS)	kate.huddart@nhs.net
	Charntel Gash	charntelgash.ddes@nhs.net
	Rachel Berry	r.berry1@nhs.net
	Stephen Purdy	stephen.purdy@nhs.net
	Shelley Calkin	shelley.calkin@nhs.net
North of England Commissioning Support (NECS)	Andrew Reay (NECS) for Durham CCGs Senior Medicines Optimisation Pharmacist	andy.reay@nhs.net
	Daniel Newsome (NECS) for Durham CCGs	daniel.newsome@nhs.net
	Neil Frankland (NECS) for North Tyneside CCG	n.frankland@nhs.net
North Cumbria CCG	Andrea Loudon,(NECS) Clinical Pharmacy Lead	Andrea.loudon@cumbriaccg.nhs.uk
North Durham CCG	Joan Sutherland Medicines Optimisation Lead	joan.sutherland@nhs.net
North Tyneside CCG	Dr Martin Wright	mart.wright@nhs.net
Northumberland CCG	Susan Turner (NECS)	Susanturner4@nhs.net
South Tyneside CCG	Marie Thompkins (NECS)	marie.thompkins@nhs.net
Sunderland CCG	Elizabeth Mallett Senior Medicines Optimisation Pharmacist	elizabeth.mallett@nhs.net
	Juliet Fletcher Senior Medicines Optimisation Pharmacist	juliet.fletcher@nhs.net
Tees	Alastair Monk (NECS) Medicines Optimisation Pharmacist	a.monk@nhs.net

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Appendix 6: Prescription Pad Destruction Record Form

Prescription Pad Destruction Record Form	
<i>Please complete all sections</i>	
Date:	
Name and prescriber code as it appears on forms:	
Practice Address:	
Practice Phone Number :	
Number of Prescription Pads destroyed:	
All prescriptions that are to be destroyed MUST be shredded.	
Please record all Prescription Pad Serial numbers below.	
Person Performing Destruction	
Name:	
Signature:	
Date:	
Person Witnessing Destruction	
Name:	
Signature:	
Date:	
The completed form to be retained in surgery for audit purposes.	

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