



NMP Forum 15th March 2019

Welcome

Housekeeping

1. Please put phones on silent
2. Fire alarm & exits
3. Location of toilets
4. One meeting/ respecting other views etc.

Advanced Practice

- ▶ We are developing a hybrid workforce across the health and social care sector
- ▶ Increased opportunity to put advanced skills into practice
- ▶ Deliver benefits to our patients
- ▶ Invigorate our professions

Supporting Advanced Practice

- ▶ Shared Standards
- ▶ Strong Governance
- ▶ Supporting Individuals, Groups
- ▶ Managing change

Prescribing Framework



A Competency Framework for all Prescribers

Publication date: July 2016
Review date: July 2020



NHS

Multi-professional framework for advanced clinical practice in England



"New solutions are required to deliver healthcare to meet the changing needs of the population. This will need new ways of working, new roles and new behaviours."

NMP Forum Terms of Reference



Microsoft Word
07 - 2003 Document

NMP Scope of Practice



Appendix 5: Scope of Practice Form

DECLARATION <i>(please tick as appropriate)</i>	New application	Updated	Annual Declaration
Name:	Profession:	Professional registration no:	
Job title:	Independent/ Supplementary Prescriber/ Community Practitioner Nurse Prescriber <i>(delete as appropriate)</i>		
Work base:	Mobile number (work):	Work landline no:	
Email address:	Clinical Speciality:	Lead Clinician:	
Please sign to confirm you have read SGPF NMP Policy:			
Please sign to confirm you have professional indemnity to cover the scope of activities you will be undertaking:			
Will you prescribe Schedule 2-5 Controlled Drugs?	Yes/ No	Please state which CDs you will prescribe and from which schedule	
Will you prescribe for:			
<ul style="list-style-type: none"> ▪ Children under 12 years old? ▪ Controlled drugs? ▪ Off-label/ off-licence drugs? ▪ Unlicensed drugs? 		Yes/ No Yes/ No Yes/ No Yes/ No	
Scope of Prescribing Practice			
The following areas of practice have been identified as appropriate for non-medical prescribing, in line with the British National			

Formulary/ Nurse categories. Please cross each box (X) as appropriate.			
Chapter 1: Gastro-intestinal system		Chapter 2: Cardio-vascular system	
Chapter 3: Respiratory system		Chapter 4: Nervous system	
Chapter 5: Infection		Chapter 6: Endocrine system	
Chapter 7: Genito-urinary system		Chapter 8: Immune system & malignant disease	
Chapter 9: Blood & nutrition		Chapter 10: Musculoskeletal system	
Chapter 11: Eye		Chapter 12: Ear, Nose & Oropharynx	
Chapter 13: Skin		Chapter 14: Vaccines	
Chapter 15: Anaesthesia		Chapter 16: Emergency treatment of poisoning	
Other: Incontinence appliances		Other: Stoma appliances	
Other: Dressings		Other: Nurse Prescribing Formulary (NPF)	
Please describe the patient group you are currently working with:			
Please specify the classes of medications from within the groups identified above you will be prescribing: Please also record below any off label/ off-licence or unlicensed medication you may be prescribing:			



The prescriber's scope of practice must be reviewed and this form amended and approved before any additions in prescribing practice. This form will need to be submitted annually.

Please return completed forms to: Governance Manager at: suffolkfedgovernance@nhs.net

PLEASE ENSURE THAT YOU INFORM THE GOVERNANCE TEAM PROMPTLY IF THE NMP LEAVES THE EMPLOYMENT OF SUFFOLK GP FEDERATION SO THAT THEY CAN BE DE-REGISTERED WITH NHSBSA

NMP Signature.....

Date.....

NMP Lead Signature.....

Date.....