

NMP Forum 15th March 2019

Welcome

Housekeeping

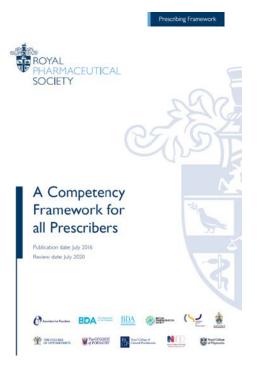
- 1. Please put phones on silent
- 2. Fire alarm & exits
- 3. Location of toilets
- 4. One meeting/ respecting other views etc.

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







'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 17 - 2003 Documer

NMP Scope of Practice



Appendix 5: Scope of Practice Form

Independent/ Supplementary Prescriber/ Community Practitioner Nurse Prescriber (delete as appropriate) Work base:		<u> </u>		<u> </u>					
Job title: Independent/ Supplementary Prescriber/ Community Practitioner Nurse Prescriber (delete as appropriate) Work base: Mobile number (work): 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? Will you prescribe for: Children under 12 years old? Controlled drugs? Off-label/ off-licence drugs? Unlicensed drugs? Ves/ No Yes/ No	DECLARATION (please tick as appropriate)	New application		Updated		Annual Declaration			
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 Will you prescribe for: • Children under 12 years old? • Controlled drugs? • Off-label/ off-licence drugs? • Unlicensed drugs? Yes/ No	Name:		Profession:		Professional r	Professional registration 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? Will you prescribe for: Children under 12 years old? Controlled drugs? Off-label/ off-licence drugs? Unlicensed drugs? Clinical Speciality: Lead Clinician: Please state which CDs you will prescribe and from which schedule Yes/ No	Job title:								
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? Will you prescribe for: Children under 12 years old? Controlled drugs? Please state which CDs you will prescribe and from which schedule Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Unlicensed drugs? Ves/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No	Work base:		Mobile number (work):		Work landline	Work landline no:			
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? Will you prescribe for: Children under 12 years old? Controlled drugs? Off-label/ off-licence drugs? Unlicensed drugs? Ves/ No Yes/ No	Email address:		Clinical Speciality:		Lead Clinician	Lead Clinician:			
Will you prescribe Schedule 2-5 Controlled Drugs? Will you prescribe for: Children under 12 years old? Controlled drugs? Off-label/ off-licence drugs? Unlicensed drugs? Ves/ No Yes/ No	Please sign to confirm you have read SGPF NMP Policy:								
Will you prescribe for: Children under 12 years old? Controlled drugs? Off-label/ off-licence drugs? Unlicensed drugs? From which schedule Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No	Please sign to confirm you have professional indemnity to cover the scope of activities you will be undertaking:								
 Children under 12 years old? Controlled drugs? Off-label/ off-licence drugs? Unlicensed drugs? Yes/ No Yes/ No Yes/ No 	Will you prescribe Schedule 2-5 Controlled Drugs?		Yes/ No						
	Controlled drugs?Off-label/ off-licence drugs?				Yes/ No Yes/ No				

The following areas of practice have been identified as appropriate for non-medical prescribing, in line with the British National



scular system	
system	
e system	
system & malignant disease	
oskeletal system	
se & Oropharynx	
s	
Chapter 16: Emergency treatment of poisoning	
Other: Stoma appliances	
ibing Formulary (NPF)	
il	bing 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						