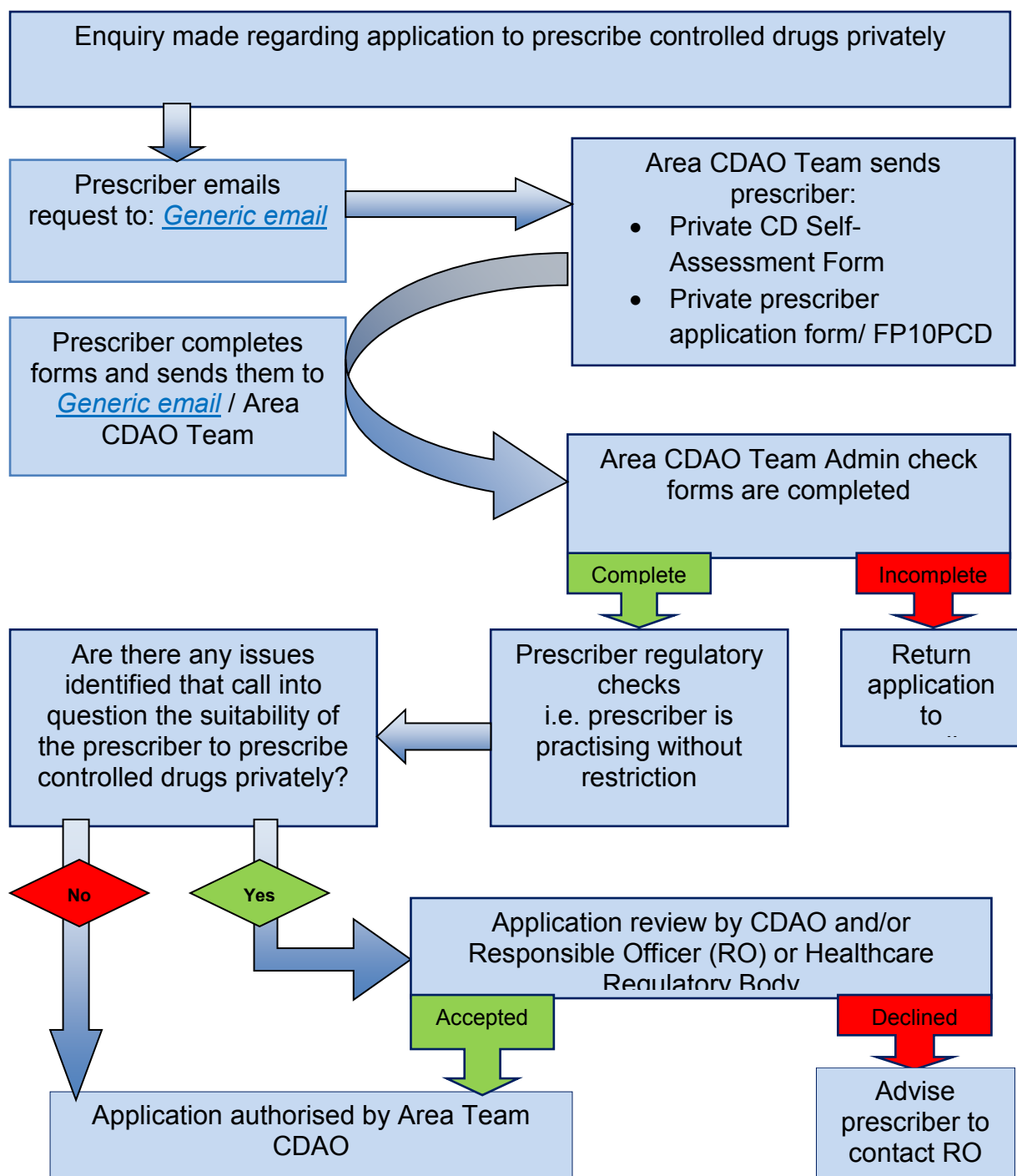


Annex 7: Templates for Area Team arrangements for private prescriptions

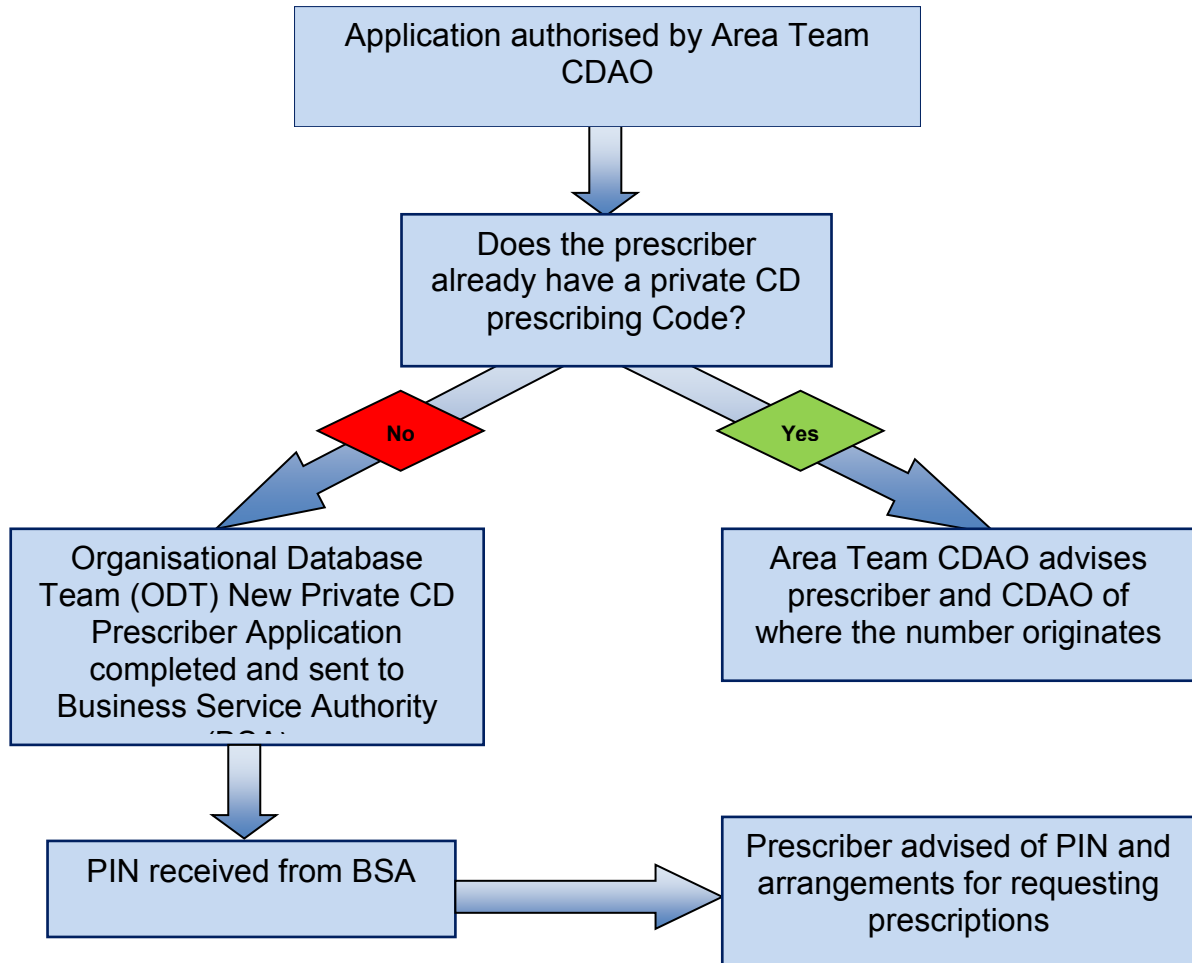
7.1 Flow chart for Private CD prescribing authorisation and Prescription order

Suggested Private CD Prescribing Authorisation & Prescription Order Process

1. Application

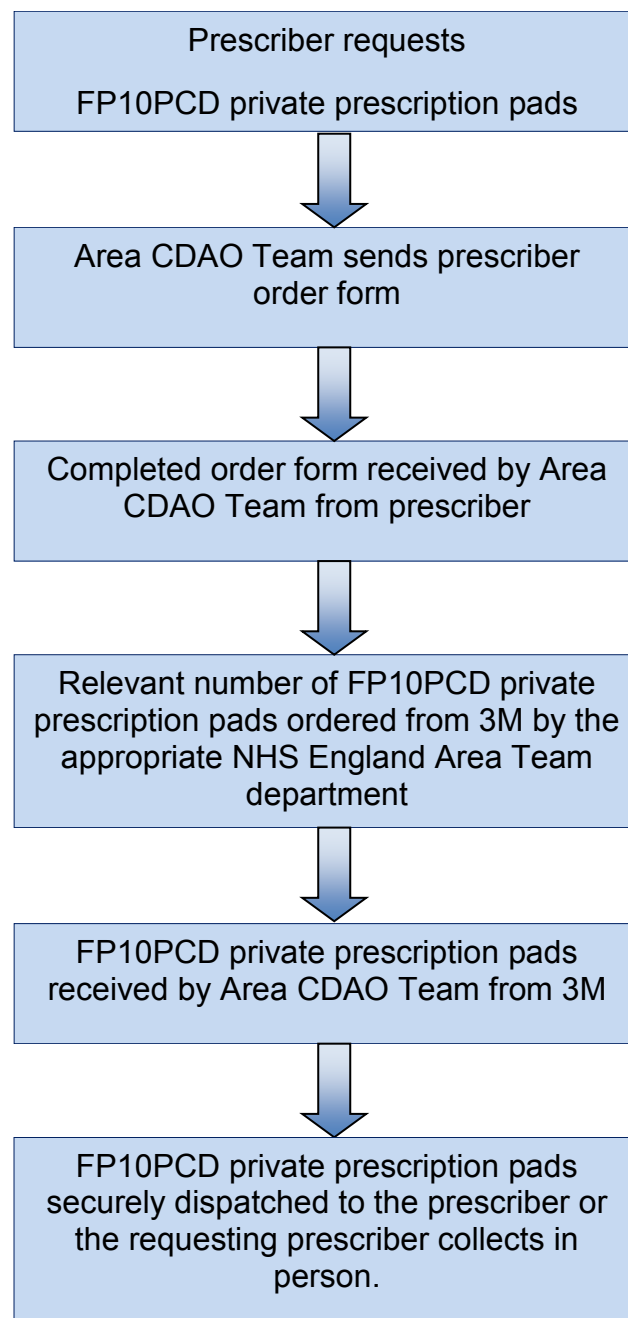


2. Prescriber Identification Number (PIN)



Note: Dental prescribers have been issued private prescriber codes on a geographical basis not an individual basis, therefore not all of the steps in section 1 and 2 will apply.

3. Private Prescription Ordering



7.2 Forms for notification of a new private Controlled Drugs Prescriber

For all BSA forms please see <http://www.nhsbsa.nhs.uk/PrescriptionServices/3993.aspx>

Private Controlled Drug (CD) Prescribers

An authorised signatory at the Area Team (or an agency on their behalf) must advise NHS Prescription Services of any additions/deletions or changes (e.g. change of name) to Private CD Prescribers by using one of the relevant proformas listed below.

New Private CD Prescriber -

[Form for notification of new Private CD Prescriber](#)

Only one Private CD prescriber code will be issued to a prescriber regardless of where the prescribing activity occurs. The Area Team that is responsible for the Private CD Prescriber will order FP10PCD prescriptions on the prescriber's behalf and also monitor the prescriber information on ePACT

For further information on the Safer Management of Controlled Drugs – [click here](#)

Private CD Dentists –

A generic Private CD Dentist code will be issued to the Area Team to be used by all dentist private prescribing within their area. Contact 0191 2035112 or

nhsbsa.prescriptioninformation@nhs.net if you require a generic Private CD prescribing code for your dentist prescribers

Change of Private CD Prescriber details -

[Form for notification of change of details for Private CD Prescriber](#)

Private CD Prescriber leaving an organisation -

[Form for notification of Private CD Prescriber leaving an organisation](#)

Completed proforma(s) should then be emailed to nhsbsa.prescriptioninformation@nhs.net. Notifications will be actioned within 3 working days unless a query arises as a result of the information submitted to NHS Prescription Services. Queries will be sent by email to the original sender of the notification. No changes can be made to NHS Prescription Services systems until we receive a satisfactory response to the query. More complex queries can be discussed by telephone, but must always be followed up with written confirmation of the action agreed.

Once actioned, the new or updated information will be sent to 3MSPSL and any replacement pads will bear the new or updated information (where applicable).

Where a new Private CD Prescriber code has been requested, the authorised signatory will be notified of the new code by email.

Following confirmation of the new code(s), the Area Team will be able to order personalised prescription pads from 3MSPSL in respect of the new Private CD Prescriber code details using the [3MSPSL ordering procedure](#).

For further information please contact 0191 2035112 or

nhsbsa.prescriptioninformation@nhs.net

7.3 Mandate for Private Controlled Drug Prescription forms (FP10PCDs) for the supply of schedule 2 and 3 Controlled Drugs.

SECTION 1 - TO BE COMPLETED BY THE REQUESTING PRESCRIBER

Name of Private CD Prescriber:	Title:	Initials:	
	Surname:		
	NHS Prescriber Code (if on a performers list):		
	CD Prescriber Code (if already issued):		

Address & telephone Number <i>(As would appear on prescription form)</i>			
		Postcode:	
	Telephone Number: (Office and Mobile numbers)		

Professional registration Number (<i>E.g. GMC/GDC</i>)	
---	--

Proposed reason/purpose for requiring FP10PCD forms (& name of service if applicable):		
Expected prescription usage rate:	<10 Rx's per year <input type="checkbox"/> pads of 10 forms per year

About the prescriber:	Yes/No?	Details	Checked by (& Date)
------------------------------	----------------	----------------	-------------------------------

Registered with a professional body?		<i>If "Yes" state body (e.g. GMC, GDC) & registration number:</i>	
NHS prescribers: Are you on a Performer's List?		<i>State which performers list:</i>	
Hospital doctors:		<i>Name of employing Hospital:</i>	
Is the Service registered with the Care Quality Commission?			
Other information: <i>(To support the right of the prescriber to privately prescribe controlled drugs. E.g. relevant training qualifications etc with dates received),</i>			

All applicants:	Yes/No	Details:	Checked by: (& Date)
Have you completed a Private Controlled Drugs Prescribing/Transfer Self-Assessment?		<i>If "No", one must be completed prior to submission of this form</i>	
Have any details changed since you submitted a Private Controlled Drugs Prescribing/Transfer Self-Assessment?		<i>If "Yes" please supply details of minor changes or complete a new self-assessment form for major change:</i>	
Are you currently undergoing or have you ever been the subject of an investigation relating to controlled drugs, where the investigation had an adverse outcome?		<i>If yes, please provide details (continue on a separate sheet if necessary):</i>	
Have you completed a CD Self Assessment Audit			

NHS England will monitor all private prescribing of Controlled Drugs dispensed by Community Pharmacies.

Please sign and date the declaration below:

Declaration:

All information provided in this document is correct to the best of my knowledge.

I confirm that the Controlled Drugs will not be used to treat myself or anyone with whom I have a close relationship in line with GMC /GDC Guidance.

I acknowledge that there may be charged for FP10PCD forms and agree to pay as invoiced by the Area Team.

Signed: *(Requesting prescriber)*

Date:.....

For Area team Use:

Mandate reviewed by: Signature:
Date:

Name:
Designation:

**SECTION 2 - TO BE COMPLETED BY THE NHS ENGLAND AREA TEAM
CONTROLLED DRUGS ACCOUNTABLE OFFICER:**

As the Accountable Officer for _____ Area Team, I approve the request for:

- *a private PPD prescriber number to be obtained **and**;
- *One pack of 10 (ten) FP10PCD forms to be issued **or**;
- *Up to a maximum of pads of 10 (ten) FP10PCD forms to be issued over the 12 month period from the date below (further supplies require a new approved mandate)

To the following practitioner:

Name:.....

Professional registration number:.....

Approved by

Signed:

Date:.....

Name _____

(Area Team Accountable Officer)

*delete as applicable

7.4 Please ensure that **ALL** relevant parts of this self-assessment are completed **before** signing the declaration below:

Declaration: (Please delete sections not applicable)

I declare to the best of my knowledge and belief that the information I have provided relating to the Misuse of Drugs Act 1971 and the associated Regulations, in its prescribing, handling, supply, administration and destruction of Schedule 2 & 3 Controlled Drugs is correct. I agree to notify the Accountable Officer within 2 working days of any major changes to the information supplied.

Signature	
Name (and registration number, if healthcare professional)	
Position within the organisation (if applicable)	
Date of signing	

Please return completed form to:

Quality and Patient Safety Team

Name _____ Area Team

NHS England

Address

(Completed forms in pdf format may be sent to _____)

IMPORTANT – NOTIFICATION OF CHANGES:

- **Minor changes:** notify the Accountable Officer within 14 days of the change by email to _____
- **MAJOR CHANGES:** Notify the Accountable Officer by email immediately then complete a new Self-assessment form and submit it within 14 days.