

Standard Operating Procedure

Pharmacy and Medicines Optimisation Team

GP Practice: Managing Prescriber Changes

Associated Documents

- NHS NEL Non-Medical Prescribing Policy, v2

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1 INTRODUCTION/BACKGROUND

It is vital that all prescribing undertaken in a GP practice is attributed to the correct prescriber and their organisation and charged back to the correct prescribing budget. As many prescribers work in several practices, it is essential that they are using the correct prescriber codes relating to the individual practices they are working in. Where a prescriber is using an incorrect number or has moved from one practice to another without informing Primary Care Support England (PCSE) / Integrated Care Board (ICB) and NHS Business Service Authority (NHSBSA) Prescription Services, their prescribing data and associated prescribing costs may be allocated to the wrong practice. Errors within the prescribing data from NHS Prescription Services are irreparable and often result in complex organisational cross-charges in attempts to rectify the financial impact of the error.

2 PURPOSE

The Integrated Care Board (ICB) has had many incidences locally where prescribing has been attributed to the wrong practice when prescribers have moved on to other practices or other ICBs. This can have clinical governance implications – where a clinician’s prescribing in one practice is being attributed to a different practice and can also have significant impact on a practice’s prescribing spend.

Failure to inform the NHSBSA of changes will result in an “**Invalid Prescriber/Practice Mismatch**” incident. These are collated into a report by NHSBSA (Invalid Prescriber Report – Appendix 1) and sent to the Pharmacy and Medicines Optimisation team every month.

3 SCOPE

This guidance applies to all GP Prescriber and Non-Medical Prescribers, who are either joining or leaving a GP practice / cost centre or require a change in their details that require notification to the NHSBSA and all staff directly / indirectly involved with processing applications to NHSBSA.

4 ROLES AND RESPONSIBILITIES

Role	Responsibility
Practice Manager / Service Lead	<ul style="list-style-type: none"> Registering / de-registering prescribers with NHSBSA Adding prescriber details onto the clinical system when they join the practice / cost centre

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	<ul style="list-style-type: none"> • Removal of prescriber details from the clinical system when a prescriber is no longer employed by the practice / cost centre. • Annual review of the prescriber register to ensure that all prescriber details are kept up to date with the NHSBSA prescription services • Verification of GP changes in employment from PCSE Approving changes PCSE (england.nhs.uk)
Medical Prescriber	<ul style="list-style-type: none"> • Update employment details (joining / leaving a practice) / change in details on PCSE Online
Non-Medical Prescriber	<ul style="list-style-type: none"> • Update employment details (joining / leaving a practice) /change in details with the practice, using the appropriate forms outlined in section 5B
Pharmacy and Medicines Optimisation Team	<ul style="list-style-type: none"> • Processing applications for non-medical prescribers who are joining / leaving a practice / cost centre or changing their details, with NHSBSA.

5 SPECIFIC PROCEDURE/DETAIL

SECTION A

GPs Joining a GP Practice

It is essential that PCSE is notified with full details when a GP prescriber intends to join a practice. The earlier the notification is sent to the NHSBSA by PCSE the better. The effective date of the prescriber joining the practice is needed.

Wherever possible, steps should be taken to ascertain and supply details of the prescriber’s former ICB and GP practice (where applicable).

Action for the GP: To update their new practice details with PCSE online to indicate they are joining a new practice [GP Performers List for England - Primary Care Support England](#)

The Practice Manager will receive an email notification from PCSE Online.

Action for the Practice Manager: Approve the GP joining your practice via PCSE online: <https://pcse.england.nhs.uk/gp-practices/managing-performers>. The GP will be sent a letter from PCSE when the process has been completed; the letter will include the DIN.

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If the prescriber code has NOT been received, contact PCSE Online via their enquiry form at <https://pcse.england.nhs.uk/contact-us/>

Clinical Systems

The Practice Manager should add the details of the new GP prescriber including the correct prescriber code to the GP practice computer system. The **NEL GP IT Team facilitators** can be contacted at nelondonicb.gpit.facilitationqueries@nhs.net if support is required..

The prescriber’s previous GP practice should be contacted (by the Practice Manager of the new GP practice) to confirm that the prescriber’s name has been removed from the practice software at the previous GP practice. If this does not happen, the new practice will be incorrectly assigned any prescriptions issued in this prescriber’s name by the former practice. It is advisable to also ask the previous practice to confirm that all FP10 prescription pads of personalised prescriptions have been securely destroyed.

GPs Leaving a GP Practice

It is essential that PCSE is notified with full details when a GP prescriber intends to leave a GP practice. The earlier the notification is sent the better. The effective date of the prescriber leaving the practice is needed. It is good practice to supply details of the ICB and the practice the GP prescriber is moving to, if known.

Action for the GP: To update their practice details with PCSE online, indicating their departure from the practice [GP Performers List for England - Primary Care Support England](#).

The Practice Manager will receive an email notification from PCSE Online.

Action for the Practice Manager: Approve via PCSE online, the notification for the GP leaving your practice: <https://pcse.england.nhs.uk/gp-practices/managing-performers>. The GP will be sent a letter from PCSE when the process has been completed.

A ‘Performer Management User Guide’ is available [[PL Performer Management User Guide \(adobe.com\)](#)] on the PCSE resources website [Performers Lists resources | PCSE \(england.nhs.uk\)](#), for guidance. A summary of the process is outlined in Appendix 2.

Clinical Computer Systems

The Practice Manager should de-activate the prescriber who is leaving the practice from the GP practice computer system so that no further prescriptions are issued bearing the details

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of the GP prescriber who is leaving; the **NEL GP IT Team facilitators** can be contacted to assist with this.

The practice should consider reassigning patients from the prescriber who is leaving to another prescriber to avoid, for example, the generation of prescriptions by locums or practice nurses bearing the details of the prescriber who has left the practice. The GP practice must securely destroy all unused prescription forms bearing the name of the prescriber who has left the practice. Record the serial numbers to be destroyed and shred them/cut them up in the presence of a witness. Keep the record of the prescription forms destroyed in case of future queries.

SECTION B

NMPs Joining / Leaving a GP Practice or Change in Details of NMPs

Practices must advise the Pharmacy and Medicines Optimisation Team of any NMP additions or deletions or changes to NMP information (such as change of surname) by completing the 'Scope of Practice Agreement' form (Appendix 2 of the NEL Non-Medical Prescribing policy). NMPs providing a locum service should be registered at the practice, even if this is for a short period of time.

NMP joining a GP practice

When a NMP joins a GP practice, the Pharmacy and Medicines Optimisation Team must be notified of the following details by completing the following forms:

1. Assurance to Practice form (Appendix 1 of the NEL NMP Policy)
2. Scope of Practice Agreement form (Appendix 2 of the NEL NMP Policy)
3. 'Notify us of changes' NHSBSA NMP **Joining a GP Practice / Cost centre** form

and returning all three completed forms via e-mail to nelondonicb.medicinesoptimisationenquiries@nhs.net

The details will be checked by a member of the Pharmacy and Medicines Optimisation Team and the NHSBSA notification form signed by the ICB 'Authorised Signatory' and sent to NHSBSA

The NHSBSA will then register the NMP onto the national database under the GP practice making the NMP application.

The practice should ensure that the NMP prescriber code is the professional regulatory body registration number for that NMP. If the NMP will be generating prescriptions using practice

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computers, ensure that the clinical system is updated to print the correct details on the prescription. The **NEL GP IT Team facilitators** can be contacted to assist with this, where needed.

NMP leaving a GP practice

When a NMP leaves a GP practice, the Pharmacy and Medicines Optimisation Team must be notified by completing the following forms:

1. Scope of Practice Agreement form (Appendix 2 of the NEL NMP policy),
2. 'Notify us of changes' NHSBSA NMP [Leaving a GP Practice / Cost centre](#) form

and both completed forms returned via e-mail to

nelondonicb.medicinesoptimisationenquiries@nhs.net

The details will be checked by a member of the Pharmacy and Medicines Optimisation Team and the NHSBSA form signed by the ICB 'Authorised Signatory' and sent to the NHSBSA. NHSBSA will then remove the NMP from NHSBSA's authorised list of prescribers linked to that GP practice. Prescriptions for the prescriber will then be assigned to the new employing practice.

The Practice Manager must ensure that the GP practice computer system is updated so that no further prescriptions are issued bearing the details of the NMP who is leaving. The **NEL GP IT Team facilitators** can be contacted to assist with this. The GP practice must ensure that any personalised paper prescriptions that may have been held by / issued to the non-medical prescriber have been destroyed in the presence of a witness and a record of the destroyed serial numbers maintained,

NMP change in detail

Where there has been a change in the personal details of the NMP such as a change in qualifications or a name change, the Pharmacy and Medicines Optimisation Team must be notified of the of the following details by completing the following forms:

1. Scope of Practice Agreement form (Appendix 2 of the NEL NMP policy),
2. 'Notify us of changes' NHSBSA NMP [Change of NMP details](#) form

and both completed forms returned via e-mail to

nelondonicb.medicinesoptimisationenquiries@nhs.net

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The details will be checked by a member of the Pharmacy and Medicines Optimisation Team and the NHSBSA form signed by the ICB 'Authorised Signatory' and sent to the NHSBSA where the change in details will be updated onto their system.

The Practice Manager should ensure the practice's GP clinical systems are updated in a timely manner to ensure any amendments in detail are made. The **NEL GP IT Team facilitators** can be contacted to assist with this (a summary of NMP changes in practice can be found in Appendix 3).

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7 APPENDICES

Appendix 1:

A. Invalid Prescriber Reports From NHSBSA

1. Invalid Prescriber

STATUS	PRESC CODE	PRESC NAME	CCG	PRACTICE	PRACTICE NAME	PRACTICE POSTCODE	COUNT
INVALID PRESCRIBER	123456	Dr Joe Blog	NHS NORTH EAST LONDON ICB - A3A8R	F98765	The Mickey Health Centre	E9 123	1280

This is where the prescriber code (Presc Code column) from the EPS prescription is not known in the NHSBSA Organisational database.

Common reasons why Invalid Prescriber reports arise.

1a. The code has been typed into the GP clinical system incorrectly.

1b. The code entered has not been the correct code.

1c. The code is valid but the NHSBSA have never been informed that the prescriber is prescribing at any practice.

2. Practice Mismatch

STATUS	PRESC CODE	PRESC NAME	CCG	PRACTICE	PRACTICE NAME	BSA PRACTICES	Practice 1	CCG 2	COUNT
PRACTICE MISMATCH	10D12345	Mrs Minnie Mouse	NHS NORTH EAST LONDON ICB - A3A8R	F87654	The Practice	F83015	F83015	NHS NORTH EAST LONDON ICB - A3A8R	71

This is where the prescriber code is recognised on the NHSBSA Organisational database, but not at the practice specified in the EPS prescription (specified in the PRACTICE column). Practices that the prescriber is at, or has been at, that the NHSBSA are aware of can be found in the BSA PRACTICE 1 column but there may be other relevant practices not included on the report.

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Common reasons why Practice Mismatch reports arise.

GPs

2a. PCSE have not yet been informed that the medical prescriber is now working at that practice

2b. PCSE have not yet passed the information on the medical prescriber changes on to the NHSBSA.

2c. The doctor's DIN has been entered but this code is already allocated to another practice.

NMPs

2d. NHSBSA have not yet been informed that the prescriber is now working at that practice

Correcting the Data

Updating the clinical system - the **NEL GP IT Team facilitators** should be contacted to assist with this.

If the information in the GP clinical system requires amending (e.g. for the reasons in 1a, 1b and 2c above) please update the GP clinical system so that the correct codes are entered for the prescriber in the relevant sections. E.g. For GPs there will be a section to enter the GMC code AND the DIN so both codes should be entered appropriately.

Updating details via PCSE

Any amendments for GP prescribers at the practice (e.g. for the reasons in 1c, 2a & 2b above) must be raised via PCSE. More information and links to the forms can be found at:

<https://pcse.england.nhs.uk/services/performers-lists/>





Updating details via Pharmacy and Medicines Optimisation Team

Any amendments for NMPs (e.g. for the reasons in 2d above) must be raised via the Pharmacy and Medicines Optimisation Team.

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Appendix 2:

Table 1 Summary of GP Changes in Practice: Key Processes and Actions

	GP joins your practice (not including locums/GP trainees) or change of status	Existing GP leaves your practice (not including locums/GP trainees)
1.	<p>The GP must update their details using the PCSE Online service https://pcse.england.nhs.uk/services/performers-lists/gp-performers/existing-gp-performers</p>	<p>The GP must update their details using the PCSE Online service https://pcse.england.nhs.uk/services/performers-lists/gp-performers/existing-gp-performers https://pcse.england.nhs.uk/services/performers-lists/gp-performers-list-for-england/</p>
		
2.	<p>The Practice Manager will need to authorise the change (as prompted by the email received from PCSE Online) https://pcse.england.nhs.uk/gp-practices/managing-performers If the GP has left a previous practice, the Practice Manager should contact the previous practice to confirm that they have de-registered the GP prescriber with NHSBSA.</p>	<p>The Practice Manager will need to authorise the change (as prompted by the email received from PCSE Online) https://pcse.england.nhs.uk/gp-practices/managing-performers</p>
		
3.	<p>Add the GP's details, including the prescriber code, to your clinical system to print the correct details on prescriptions. Refer to guidance from your clinical system provider. If you have NOT received the prescriber code contact PCSE Online via their enquiry form at https://pcse.england.nhs.uk/contact-us/ OR check on NHS Digital ODS Portal</p>	<p>Update the clinical system to prevent further scripts being issued with the prescriber number of the GP who has left the practice. Refer to guidance from your clinical system provider. Ensure that GP locums, GP trainees and locum NMPs are not issuing prescriptions using this GP's prescriber number, especially if the GP was a former senior partner (in practice the patients of the former senior partner should all be re-assigned to another GP employed by the practice) Ensure that any pre-printed prescription pads for the GP are securely destroyed by shredding or cutting. This should be done in the presence of a witness and a record of the serial numbers of the destroyed prescription should be made.</p>

Appendix 3: Table 2 - Summary of NMP Changes in Practice: Key Processes and Actions

NMP joins your practice (including locums/bank staff)	Existing NMP leaves your practice (including locums/bank staff)
<p>Please notify the Pharmacy and Medicines Optimisation Team of the change as early as you can</p>	
<p>Complete the following forms from the NEL NMP Policy:</p> <ol style="list-style-type: none"> a. Assurance to practice form b. Scope of practice agreement form (this form must also be completed if there are any changes in NMP details) 	<p>Complete the following form from the NEL NMP Policy:</p> <ol style="list-style-type: none"> a. Scope of practice agreement form
<p>1 In addition to the above complete the appropriate form at https://www.nhsbsa.nhs.uk/sicbls-icbs-and-other-providers/organisation-and-prescriber-changes/sub-icb-locations https://www.nhsbsa.nhs.uk/ccgs-area-teams-and-other-providers/organisation-and-prescriber-changes/ccgs</p> <ul style="list-style-type: none"> • non-medical prescriber joining a GP Practice or cost centre or • non-medical prescriber leaving a GP practice or cost centre or • change of non-medical prescriber details <p>Email the completed forms to nelondonicb.medicinesoptimisationenquiries@nhs.net</p> <p>Authorised signatories from the team will send the completed form to NHSBSA for Prescription Services to process the request.</p>	
<p>2 If the NMP is joining having previously worked in another practice/ICB, contact their former practice and ask them to confirm that they have completed a NMP leaving a GP Practice or cost centre form and the NMP's name has been removed from their clinical system.</p> <p><i>If this does not happen, your practice may be incorrectly attributed prescription costs and data.</i></p> <p>It is also advised that the practice seeks assurances that any personalised paper prescriptions that may have been held by the NMP or at the former practice have been destroyed.</p>	<p>Update your practice's clinical system to prevent further prescriptions being issued with the prescriber number of the NMP who has left the practice. Refer to guidance from your clinical system provider.</p>
<p>3 The NHSBSA processes within a maximum of 5 working days from the time of submission of the form. The Pharmacy and Medicines Optimisation Team authorised signatory will request confirmation from NHSBSA for registration / change in details.</p> <p>Upon receipt of confirmation from NHSBSA, update the clinical system to print the correct details on prescriptions.</p> <p>Refer to guidance from your clinical system provider.</p>	<p>Destroy any pre-printed (with NMP's details) prescriptions that may have been held by the NMP or stored in the practice. Record the serial numbers to be destroyed and shred them/cut them up in the presence of a witness. Keep the record of the serial numbers of the destroyed prescriptions in case of future query.</p> <p>Ensure confirmation received from NHSBSA that their records show the NMP</p>

is no longer prescribing at your practice.

Appendix 4:

Frequently Asked Questions

What is a prescriber code?

Prescribing codes are issued to General Practitioners (GPs) and Non-Medical Prescribers (NMPs) for the purpose of prescribing

Why is it important to register the prescriber code with NHSBSA and link to the practice?

The prescriber code is crucial to the correct allocation of prescribing costs and has important implications for monitoring areas of concerns (such as controlled drugs and antibiotics). It allows all medication issued by a prescriber to be traced back to the issuing practice for budget and governance purposes. Using ePACT2, the practice can then identify:

- prescribers, medicines and quantities
- practice trends, ensuring items are recorded against the practice's medicines budget

What is a Doctor's Index Number (DIN)

A unique prescribing code issued to GPs, by NHS England, when they qualify. This is known as a prescribing code. This is a six-digit number. The DIN (note: this is referred to as a PPA ID on SystemOne) will move with the GP from practice to practice. NHSBSA processes prescriptions and allocates prescribing costs against the GP's practice using the six-figure DIN printed on the bottom of the FP10 prescription forms, or in the 'responsible party' area of the Electronic Prescription Services (EPS) message.

Example 1 – GP

The prescriber code will be a numerical code located at the top of the box containing the prescriber's details and close to their name. It is often in bold and slighter larger than the rest of the text in this box.

The diagram shows a portion of an FP10 prescription form. At the top, there are fields for 'Signature of Prescriber' and 'Date'. Below these, there is a section for 'For Dispensing No. of Prescriber on form'. This section contains a box for the prescriber's name, 'DR A JONES', and a field for the 'GP Code'. Below the name field are fields for 'GP ADDRESS LINE 1', 'GP ADDRESS LINE 2', 'GP ADDRESS LINE 3', and 'TELEPHONE NUMBER'. To the right of these fields is a 'POSTCODE' field. At the bottom left is the NHS logo, and at the bottom right is the form number 'FP10SS0406'. A text box on the left explains that the prescriber code is a numerical code located at the top of the box containing the prescriber's details, often in bold and slightly larger than the rest of the text. An arrow points from this text box to the 'GP Code' field on the form.

How does a GP obtain a DIN?

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When a GP starts to work in a primary care setting, they must be included on the Performers List for England.

New GPs should register as '[New Performers](#)' on [PCSE Online](#) to get a Doctor's Index Number (DIN). The GP's username is usually the email address registered with the GMC. Where appropriate, PCSE notifies NHSBSA of any prescriber updates. *Note: PCSE registration can take some time; GPs may need to contact PCSE to check progress. In the interim, the GP should be added as a 'locum' and their prescribing should be attached to a Lead GP until PCSE confirm a DIN.*

If you have never logged into PCSE Online, you may need to validate your [PCSE Online](#) account by emailing at pcse.portalenquiries@nhs.net to have a new verification email sent or call the Customer Support Centre on 0333 014 2884.

If you have logged in before but cannot remember your password, click the 'forgotten your login details' link on the login page and follow the instructions to have a password reset link sent.

Existing GPs (Partners or salaried) should be on the PCSE [Performers List](#) and have a DIN number.

More information on GP Performers can be found here [GP Performers | PCSE \(england.nhs.uk\)](#)


How can you check if a GP is on the Performers List?

[PCSE performers list](#)

A 'quick' search, using only the GP's name will inform you if the GP is on the Performers List

Perform Quick Search

Quickly search for a performer using a name and/or type:

Forename(s): <input type="text"/>	Surname: <input type="text"/>	Select a Search Type: <input type="text" value="Quick Search"/>
Performer Type: <input type="text" value="--Select--"/> 		

If 'Organisation search' is selected in 'Search Type' you can see the GP's linked with the practice. Under 'Practice' you can enter the practice code or name of practice.

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Perform Organisation Search

Commissioner: Practice: Select a Search Type:

Can a GP use their DIN at more than one practice?

GPs can only register their DIN number to one practice and must only use this DIN number at the practice it is registered to, it should not be used in any other practices, clinics or Out of Hours (OOH) setting for example. If a GP is working at more than one practice, they must use a spurious code (obtained from PCSE Online) or a GP partners code for the purpose of prescribing in the other practice(s) (where their prescribing code is not registered).

What is a Spurious Code?

Spurious codes are only issued for use to medical (i.e. GP) prescribers as they identify that the prescriber is a medical prescriber. A non-medical prescriber should not use a spurious code. Spurious codes are issued for a variety of reasons, including:

- a) As a prescribing code where a GP is working in two or more GP practices/cost centres and their DIN is being used in their first practice / cost centre (a different spurious code is required for each additional site). This allows the monitoring and the correct allocation of spend of the GP's prescribing to the relevant GP practice/cost centre.
- b) A locum doctor working in a practice where the GP has resigned (normally single-handed practices)
- c) Projects or initiatives running in the ICB and funded from the ICB prescribing budget, e.g. community dermatology clinics, where prescribing data is not required at individual medical prescriber level

A spurious code will only be issued to:

- a) GPs whose DIN code is already in use at another GP practice/cost centre, or
- b) Hospital doctors who are not issued with a DIN code for hospital prescribing, but who are prescribing in a community clinic.

Practices must ensure that GP prescribers only use the prescriber code (spurious or DIN) that is linked to their practice. It is best practice for GPs to obtain individual spurious codes rather than using a 'generic' one for GP practices.

Where can a GP find their DIN?

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This can be found:

1. By logging into [PCSE Online](#), navigating to the Performer dashboard and selecting employment details. A Principle GP will also have received this information in writing from PCSE.
2. Contacting NHSBSA via email, GPsupport@nhsbsa.nhs.uk or phone 0191 203 5112
3. If the GP is registered with NHSBSA, the DIN can be located at <https://odsportal.digital.nhs.uk/Organisation/Search>.
 - Enter the practice code in the 'code' field and click on search
 - Click on the 'General Medical Practitioner' option
 - A list of all GPs registered to the practice will appear.
 - The 'code' column has the General Medical Practitioner PPD code (issued by NHS Prescription Services for use on GP computer systems). This is the DIN prefixed with a leading character (letter G) and a check digit at the end.
Remove the G and the last digit and this will be your DIN.
 - E.g. G1234567: remove the G and 7 leaving 123456. This is the DIN.
 - Spurious codes will have the same format but will begin with either 'G6' or 'G7'.
 - Or you can enter the name of the GP in the 'name' field and if they are registered with NHSBSA the GMC PPD will appear with just the details of the GP.

Does a Locum only GP have a prescriber code?

Any Performer with the exception of a Locum only GP will have a prescriber code. Locum doctors should use the prescribing code of the doctor for whom they are providing locum services, unless there are no GPs left in the practice or cost centre. In that case, the locum doctor will need to apply for a spurious code. When locum(s) leave the practice, the practice must update the clinical system to remove their information.

What Prescriber Code Should GPs Use in Services Such as Out of Hours (OOH) or Clinics Provided Outside of the GMS / PMS Primary Care Contract?

GPs should either:

- Have been issued with a spurious code by the OOH/ clinic provider- this will not be the same as the GP's practice prescriber code even if it the clinic is within the practice
- Use the generic spurious code for that service- which is the process used in many clinic settings.

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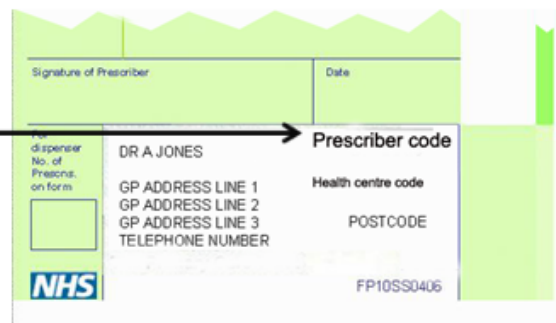
What is a Non-Medical Prescriber’s (NMP) Prescribing Code?

An NMP uses their professional registration or personal identification number (PIN) issued by their relevant regulatory body as their prescriber number (e.g. nurse prescribers use their Nursing and Midwifery Council (NMC) pin numbers). An NMP can only commence prescribing once they are registered and authorised to do so with NHSBSA. NMP’s using their professional registration number to prescribe before NHSBSA registration will prompt an ‘invalid prescriber / prescriber mismatch’ incident.

NMPs can use the same prescriber number in all cost centres because their prescriptions also include the cost centre code (GP practice, clinic, OOH).

Example 2 – Non-Medical Prescriber

There are usually two codes – one for the prescriber and one for the medical centre they are affiliated to. The prescriber code will be the top code, next to the prescriber’s name. It is often slighter larger than the rest of the text in this box.



Please note that EPS has set prescriber type EPS codes, to contain a set number of characters (see Table 1). For all non-medical prescribers except pharmacists, the code should be 8 characters long for prescribing purposes. If the professional registration code is only 7 characters long, add a ‘0’ after the first 2 characters. so that it becomes compatible with the EPS requirements ([How to avoid unidentified prescribing | NHSBSA](#))

Table 1: The Expected Format for Setting Up NHSBSA Prescriber Codes on EPS

Profession	Expected Format for NHSBSA Prescriber Codes (N= Number A= Letter)
MEDICAL PRESCRIBER	NNNNNN
COMMUNITY PRACTITIONER NURSE PRESCRIBER	NNANNNA
NURSE INDEPENDENT/ SUPPLEMENTARY PRESCRIBER	NNANNNA
PHARMACIST PRESCRIBER	NNNNNNN
PODIATRIST PRESCRIBER	AANNNNNN
OPTOMETRIST PRESCRIBER	NN-NNNNN
PHYSIOTHERAPIST PRESCRIBER	AANNNNNN

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RADIOGRAPHER PRESCRIBER	AANNNNNN
DIETICIAN PRESCRIBER	AANNNNNN
PARAMEDIC PRESCRIBER	AANNNNNN

What is the NHSBSA Prescriber Details Dataset?

This is a list published every month on [Prescriber Details - Datasets - Open Data Portal BETA \(nhsbsa.net\)](#) of all prescribers (Medical and Non-Medical) that are registered with NHSBSA. Practices can filter down the list to their practice and use it to compare with their current list of prescribers and ensure all details are accurate and up to date. The columns below indicate the level of detail that is held on this list.

PROVIDER SICBL CODE	PROVIDER SICBL NAME	PRACTICE CODE	PRACTICE NAME	PRESCRIBER CODE	PRESCRIBER TITLE	PRESCRIBER NAME	PRESCRIBER TYPE	DATE JOINED	ADDRESS
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