

# NHS and LA Reforms Factsheet 2

## Organisational Data Codes

NHS Prescription Services (NHSRxS) uses codes for prescribers and organisations to identify where the prescription costs should be assigned and to provide data about who has prescribed what products. In many cases these codes are pre-printed on paper prescriptions and form part of the electronic prescription messages.

NHS Prescription Services holds data about prescribers and organisations in a hierarchy (see diagram on page 4). The existing hierarchy has had some changes made to accommodate the organisational changes which come into effect 1 April 2013. For example, the hierarchy now accommodates those Local Authorities who commission services. There are three levels for the NHS Commissioning Board (NHS CB) to reflect the three levels within the organisation.

The basis of the hierarchy links a prescriber to a GP practice or other cost centre to a parent organisation.

Codes are issued to prescribers and to organisations as follows:

### Prescriber

#### 1. Medical prescribers

GPs are issued with a Doctor Index Number (DIN) by the NHS Information Centre. GPs working in one practice with a DIN only need one number on their prescription form as the DIN also identifies their practice and corresponding Clinical Commissioning Group (CCG). Doctors who work across practices or commissioners will require separate prescriber codes for each practice or other cost centre; these codes will be allocated by NHS Prescription Services.

#### 2. Non-medical prescribers

Non-Medical Prescribers (NMPs) need two codes on any prescription, one to identify them as an individual prescriber and one to identify the practice or other cost centre to ensure appropriate recharge and information is captured. Their professional registration or personal identification number (PIN) issued by the relevant regulatory body is used as the first code above to identify them as an individual prescriber.

**Supporting the NHS, supplying the NHS, protecting the NHS**

**NHS Prescription Services is a service provided by the NHS Business Services Authority**

Dentists are not allocated prescribing codes. Any costs associated with their prescribing are met by the NHS CB as they are responsible for commissioning all dental services.

### **GP Practice/Cost Centre**

#### 3. GP practices

GP practices (GMS/PMS contracts) are issued with a code by NHS Prescription Services. This code can be used by all prescribers working for that practice and providing services as part of a GMS/PMS contract.

#### 4. Cost centres

A cost centre represents a group of prescribers. The term 'spurious practice' is also sometimes used to describe these groups who need codes because they are a service which needs to use NHS prescription forms, e.g. sexual health clinics or prescribers working on behalf of a Local Authority. At least one cost centre should exist for each contract between a commissioner and a provider where the service requires the use of NHS prescription forms. The code for a cost centre has the same format as that for a GP practice and is issued by NHS Prescription Services.

#### 5. Hospital Unit

Hospital Unit codes are used to link prescribing back to certain departments in hospitals, e.g. rheumatology or diabetes clinics. Hospital unit codes do not provide information at an individual prescriber level. Hospital Trusts wanting to allow linkage to individual prescribers will be required to set up cost centre codes (at 4 above).

A hospital can have both hospital units and cost centres. Hospital unit codes (ePACT codes) are allocated by Connecting For Health ODS. Where a hospital has a cost centre, the hospital will need to request codes for both its prescribers and the cost centres from NHS Prescription Services.

### **Parent**

#### 6. Commissioners

The following organisations that commission services can be the parent organisation for practices and cost centres: Clinical Commissioning Groups, Local Authorities and NHS Commissioning Board. These organisations are issued with codes by the Organisational Data Service (ODS). See [www.connectingforhealth.nhs.uk/systemsandservices/data/ods](http://www.connectingforhealth.nhs.uk/systemsandservices/data/ods) for more information about ODS codes. GP practices will have a CCG as a parent although they have a contract with the NHS CB.

## 7. Providers

Organisations that are contracted to provide services can also be the parent for cost centres. Providers can be NHS Hospital Trusts / Foundation Trusts, Local Authorities or Independent Sector Healthcare providers (ISHP). ODS issues the codes for these organisations.

Whether the parent is the commissioner or provider determines where the prescription costs will be charged. Fact Sheet 4: Recharge provides further information.

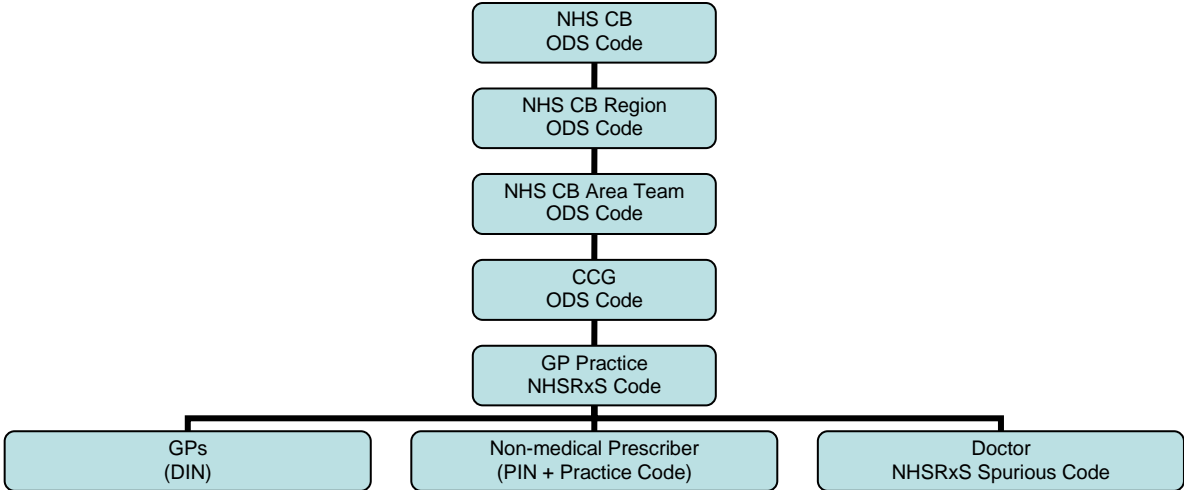
### **Local Authorities**

## 8. Organisation Codes

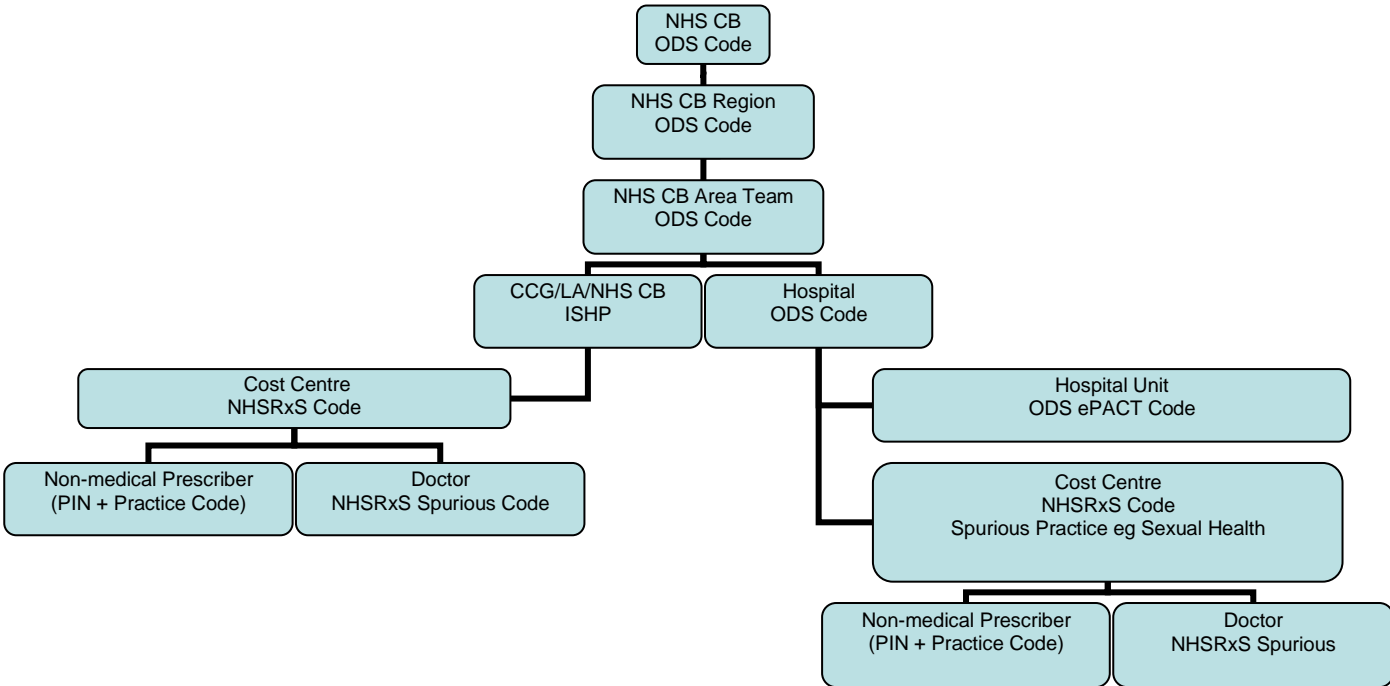
Local Authorities will need a 3 character organisational code for the purposes of ordering prescription forms and using NHS Prescription Services systems. Some LAs already have 3 character ODS codes and should use these. The Organisational Data Service is putting arrangements in place for LAs which don't have a 3 character code and this will be available shortly. Look for information in Prescription Services [Hints and Tips](#).

# NHS Prescription Services Hierarchy

## GP Practice



## Other Prescribers



## Examples

### **I am a district nurse working for a CCG providing services across different GP practices and I prescribe on behalf of those practices. What codes do I need?**

All prescribers need their individual prescriber code. For nurses this is their personal identification number (PIN) issued by the Nursing and Midwifery Council. In addition to the prescriber code, you will need the relevant GP practice codes for each practice you provide services for, to allow the CCG to monitor prescribing (costs) relating to individual practices. The CCG must inform NHS Prescription Services of each practice where a nurse works.

Alternatively, the CCG may want to directly commission your services across the area. The organisation cost centre code will be issued to the CCG and you will just have one prescription pad. Community nurses who have moved to NHS FTs or ISHPs will be allocated cost centre codes (see para 5 above).

### **Who will be able to access my prescribing data?**

Full guidance is available from the NHS Prescription Services in their letter Community Health Services Requirements for Prescription Forms from 1 April 2013 at (insert address). Fact Sheet 3 *Prescribing and Dispensing Information* sets out what prescribing and dispensing information is available now with the organisations who receive it, and what the position will be from April 2013.

Both commissioners and providers will be able to access prescribing data to allow for financial and clinical governance, either through ePACT.net or ePFIP. The information will be available by individual prescriber.

### **What is the difference between a hospital unit code and a cost centre code?**

Hospital unit codes do not allow for the same levels of data monitoring and reporting. It is not possible to identify individual prescribers under this system.

Hospital prescribers will not have to change their hospital unit codes for 1 April. They will only need to change codes if the hospital moves to having individual prescriber codes.

### **Will there be any national guidance on how to set up local arrangements?**

The system is designed to allow the flexibility for local NHS and public health organisations to develop systems which best meet their individual needs. The series of NHS Prescription Services NHS and LA Reforms Fact Sheets will provide advice and guidance on those flexibilities.

## **Do I need to get new FP10 prescription pads or codes allocated before 1 April 2013?**

GPs and hospital units will not need to change their current codes or FP10 prescription forms for 1 April. Prescriber codes relating to professional registration will also remain the same.

Organisations will want to ensure that the codes relating to identifying prescribing costs - commissioners/providers – relate to the appropriate organisation from 1 April. Many organisations are likely to be new legal entities from 1 April and the codes which identify the cost centre are likely to have to change in these cases where pre-printed prescriptions are used, new pads with the new codes will be needed.