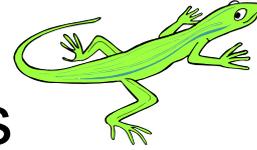




**GIG**  
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# The NEWT Guidelines

for administration of medication to patients with  
enteral feeding tubes or swallowing difficulties

**Order Form for annual subscription to The NEWT Guidelines  
website (Primary care – Strategic) (e.g. ICBs)**

If you are not sure what subscription type is appropriate for you, go to [www.newtguidelines.com/access](http://www.newtguidelines.com/access).

## ICBs / Primary care Pharmacy teams (cost / 1<sup>st</sup> year)

The following relate to the size of population served, and license the subscriber to distribute usernames and passwords to the Pharmacy team only, for use wherever they may be working. See section C below for supplementary options allowing provision of usernames and passwords directly to GP surgeries.)

### Section A – tick one of the following:-

Team access

Single user

### Section B – tick one of the following to indicate the size of population served:-

Up to 50,000 (£160 + VAT\*)

50-100,000 (£215 + VAT\*)

100-150,000 (£250 + VAT\*)

150-200,000 (£290 + VAT\*)

200-250,000 (£320 + VAT\*)

250-300,000 (£360 + VAT\*)

300-350,000 (£400 + VAT\*)

350-400,000 (£435 + VAT\*)

400-450,000 (£465 + VAT\*)

450-500,000 (£500 + VAT\*)

500-600,000 (£550 + VAT\*)

600-700,000 (£590 + VAT\*)

700-850,000 (£625 + VAT\*)

850-1,000,000 (£670 + VAT\*)

1,000-1,150,000 (£720 + VAT\*)

1,150-1,300,000 (£760 + VAT\*)

1,300-1,450,000 (£800 + VAT\*)

1,450-1,600,000 (£850 + VAT\*)

Quotations for larger populations available on request

### If you have received a special quotation from us, please indicate here:

Quotation provided:- \_\_\_\_\_ Date of quotation:- \_\_\_\_\_

*Subscription license is valid for 12 months from the date of approval.*

*\* VAT should be added if applicable.*

Please turn over...

### Supplementary access options (cost / 1<sup>st</sup> year)

The following is a supplementary license which can be added to a basic team license, allowing wider usage of the website. Basic team access (see above) is also required.

#### Section C (optional) – access for all staff in GP practices serving

Up to 100,000 patients (£220 + VAT*)		100-250,000 patients (£320 + VAT*)	
250-500,000 patients (£480 + VAT*)		500-750,000 patients (£640 + VAT*)	
750-1,000,000 patients (£780 + VAT*)		Further prices available on request	

(These payments license the subscriber to distribute usernames and passwords to the relevant GP practices for use by staff on those sites. The subscriber takes responsibility for ensuring that subscription is updated for those users, and that new passwords etc. are passed on accordingly.)

Subscription license is valid for 12 months from the date of approval.

\* VAT should be added if applicable.

### Patient-facing pharmacy teams (cost / 1<sup>st</sup> year) (e.g. PCNs)

(Price is based on patient list size – this can be across multiple surgeries / locations) (not appropriate for strategic work)

Less than 10,000 patients (£135 + VAT*)	(tick)	10,001 – 20,000 patients (£160 + VAT*)	(tick)
20,001 – 30,000 patients (£240 + VAT*)	(tick)	30,001 – 40,000 patients (£280 + VAT*)	(tick)
40,001 – 50,000 patients (£320 + VAT*)	(tick)	50,001 – 60,000 patients (£350 + VAT*)	(tick)
60,001 – 80,000 patients (£400 + VAT*)	(tick)		

Quotations for larger teams available on request

#### If you have received a special quotation from us, please indicate here:

Quotation provided:- \_\_\_\_\_ Date of quotation:- \_\_\_\_\_

Subscription license is valid for 12 months from the date of approval.

\* VAT should be added if applicable.

Contact Details			
Name:		Position:	
Department:			
Organisation:			
Address:			
Post Code:		Telephone no.:	
Email address:	<p><b>IMPORTANT – needed for password access updates; please ensure writing is legible. For shared accounts we recommend providing either a group email address or more than one work-personal address.</b></p>		
<p>A copy of the invoice will be sent to you automatically. If you would also like the invoice to be sent to another address, please tick here (and complete the address details below):</p>			
<p>I confirm that the above information is correct. We agree to use the site within the terms and conditions stated on the website.</p>			
Date:		Signature:	

Order number	
<p>If your organisation requires an order number to be included on the invoice before invoices can be paid, please indicate your order number here:</p>	

*(Please note that we will not chase up order numbers which are not provided, and this may delay provision of your access, or result in your order being returned to you).*

**Please note: if this section is not completed, invoices will only be sent to the address above.**

Invoice address			
Name:		Position:	
Department:			
Organisation:			
Address:			
Post Code:		Telephone no.:	
Email address:			

**Please send your completed form to: [NEWT.Guidelines@wales.nhs.uk](mailto:NEWT.Guidelines@wales.nhs.uk)  
For methods of payment, please see “Subscription and re-subscription” on the website.**