

FP10 PRESCRIPTION FORMS POLICY

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Title of responsible committee/group:	Medicines Oversight Group
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Relevant Staff Groups:	All Trust staff working in areas where FP10 prescription forms are used

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DOCUMENT CONTROL

Reference MD/June/09/FP10	Version 5	Status Final	Author Chief Pharmacist
Amendments	<p>This document replaces the existing FP 10 Prescription Forms Policy Version June 2009.</p> <p>Feb 2015: Updating of contacts / suppliers.</p> <p>Jan 2016: Amendments to update contacts and suppliers, amend record keeping requirements, clarify aspects of security arrangements.</p> <p>Feb 2016: Update of groups, contacts and suppliers.</p> <p>Amendment of record keeping requirements</p> <p>Clarify security requirements to support changes in Trust working arrangements (e.g. agile working.)</p> <p>Inclusion of FP10 Destruction Form at Appendix D</p>		
Document objectives: This policy sets out the procedures for the safe management of FP10 prescription forms.			
Intended recipients: All Trust staff working in areas where FP10 prescription forms are used.			
Committee/Group Consulted: Medicines Management Group, Non-Medical Prescribing Group, Clinical Policy Review Group.			
Monitoring arrangements and indicators: The policy will be regularly reviewed by the Medicines Management Group. The Medicines Management Group is a subgroup of the Clinical Governance Group and reports regularly according to a specified timetable.			
Training/resource implications: Training will be included in the Medicines Policy training.			
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Formal Impact Assessment	Impact Part 1	Date: May 2014	
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Contact for review	Chief Pharmacist - Head of Medicines Management		
Lead Director	Medical Director		

CONTRIBUTION LIST Key individuals involved in developing the document

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CONTENTS

Section	Summary of Section	Page
Doc	Document Control	2
Cont	Contents	3
1	Introduction	4
2	Purpose & Scope	4
3	Duties and Responsibilities	4
4	Explanations of Terms used	5
5	Procedures for Management of FP10 Prescription Forms	5
6	Missing/Lost/Stolen Prescription Forms	10
7	Training Requirements	10
8	Equality Impact Assessment	11
9	Monitoring Compliance and Effectiveness	11
10	Counter Fraud	11
11	Relevant Care Quality Commission (CQC) Registration Standards	12
12	References, Acknowledgements and Associated documents	12
13	Appendices	13
Appendix A	Controlled Stationery Request Form	14
Appendix B	Flow Chart for Missing/Lost/Stolen Prescription Forms	15
Appendix C	Notification Form for Missing/Lost/Stolen Prescription Forms	16
Appendix D	Destruction Form	18

1. INTRODUCTION

- 1.1 NHS prescriptions for dispensing by community pharmacies must be written on the official NHS Prescription form denoted with the code "FP10". FP10 prescriptions are subject to extra security arrangements.
- 1.2 FP10 prescription forms are purchased by the Trust for prescribing medication to be dispensed by community pharmacies.
- 1.3 FP10 prescription forms are controlled stationery and must be ordered, received and issued against strict procedures.
- 1.4 Prescription form theft and misuse is an area of serious concern as these forms can be used to obtain drugs illegally, including controlled drugs (CDs), for misuse.
- 1.5 As well as the serious medical problems that can be caused as a result of stolen prescription forms being used to obtain drugs illegally, the theft of prescription forms also has a financial impact for the Trust.

2. PURPOSE & SCOPE

- 2.1 The purpose of the policy is to have effective and secure procedures in place, ensuring there is an audit trail for the management of FP10 prescription forms throughout the Trust.
- 2.2 The policy sets out the framework for the secure management of FP10 prescription forms.
- 2.3 The policy ensures that appropriate procedures are in place for the immediate reporting of any loss or theft of prescription stationery and staff are aware of what action they need to take if this occurs.
- 2.4 The policy applies to all Trust staff involved in the ordering, receiving, storing of FP10 prescription forms.

3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Chief Pharmacist - Head of Medicines Management** has overall responsibility for overseeing the process involved from the ordering, receipt, storage and transfer to the user and overall security of FP10 prescription stationery for mental health use and the Director of Nursing and Patient Safety has overall responsibility for those used by community health staff.
- 3.2 The **Director of Nursing and Patient Safety** is responsible for the process of authorising non medical prescribers and ensuring a safe system is in place for the management of FP10 prescriptions they have ordered.
- 3.3 The **authorised ordering personnel** are responsible for ensuring a safe system is in place for management of FP10 prescription forms they have ordered.

- 3.4 **Matrons and Ward / Team managers** are responsible for ensuring a safe system is in place for management of FP10 prescription forms on their units.
- 3.5 **Prescribers** are responsible for the security of FP10 prescription forms issued to them.
- 3.6 **All staff** at all levels are responsible for preventing mismanagement of FP10 prescription forms.
- 3.7 The implementation of best practice measures for the security of FP10 prescription forms is overseen by LSMS in conjunction with the Accountable Officer for Controlled Drugs and Director of Nursing and Patient Safety.
- 3.8 LSMS liaises with their counter fraud colleagues, the LCFS, about all reported cases of loss or theft of FP10 prescription stationery.

4. EXPLANATIONS OF TERMS USED

- 4.1 FP10 – prescription forms used in the Trust.
FP10 prescription forms used are FP10HNC, FP10SS, FP10MDA and FP10PN forms.
- 4.2 CD – Controlled Drug(s)
- 4.3 LSMS - Local Security Management Specialist
- 4.4 LCFS - Local Counter Fraud Specialist
- 4.5 Authorised ordering personnel – persons who have been authorised to order FP10 prescription forms on behalf of the Trust.
- 4.6 Designated base – secure bases within the Trust that FP10s are delivered to from the printers and subsequently distributed to units and/or teams.

5. PROCEDURES FOR MANAGEMENT OF FP10 PRESCRIPTION FORMS

5.1 Ordering FP10s

- 5.1.1 Authorised ordering personnel are responsible for ordering FP10s directly from the printers, Xerox UK Ltd, using the companies on line ordering system which only allows orders to be placed for Trust authorised locations or prescribers.
- 5.1.2 Copies of all orders must be sent to the Medicines Management Team Senior Administrative Officer at Cheddon Lodge, Taunton within 72 hours of order placement.

5.2 Delivery of FP10s to the Designated Base

- 5.2.1 The FP10s are delivered to the authorised person's designated delivery address. The delivery should be checked against the delivery note and only be signed for if the packaging is sealed and unbroken.

- 5.2.2 Any discrepancies should be noted on the driver's delivery note, queried with the supplier and documented in the records held by the authorised orderer.
- 5.2.3 The delivery must be checked against the original order(s) and the serial numbers checked against the delivery note as soon as is practicable.
- 5.2.4 Details of the delivery should be recorded electronically and/or using paper records.
- 5.2.5 If the FP10s do not arrive on the due date, the authorised orderer should notify the suppliers of the missing prescription forms.

5.3 Storage and Security of FP10s at the designated base

- 5.3.1 The FP10s must be held in a secure place, with access strictly limited to those who are responsible for FP10s.
- 5.3.2 Keys should be strictly controlled to allow a full audit trail in the event of any security incident.
- 5.3.3 The records retained at the designated base must include:

On Receipt

- date received
- name of person who received the order
- what FP10s have been received
- quantity and serial numbers received
 - FP10 (HNC) first and last number of each prescription pad
 - FP10SS (issued in batches of 50) first and last number of batch

Upon Issue

- date of issue
 - what FP10s have been issued
 - quantity and serial numbers issued
 - name of person who issued the FP10s
 - name and signature of person who collected the FP10s
 - serial numbers of any unused FP10s returned
 - details of FP10s that have been destroyed, including who destroyed them and how they were destroyed (these records should be retained for at least 18 months)
- 5.3.4 These records must be stored securely and separately from FP10s.

5.4 Requesting FP10s from designated bases

- 5.4.1 FP10s should be requested using the Controlled Stationery request form (Appendix A) or by email to an authorised orderer.

- 5.4.2 All FP10HNC prescriptions are already stamped with specified units and the RH number should be quoted when requesting prescriptions.
- 5.4.3 Once completed, the request form must be emailed or sent to the authorised orderer.
- 5.4.4 If requested in person a request form must be completed and signed when collecting FP10s.

5.5 Issue and Collection of FP10s from designated bases

- 5.5.1 FP10s will only be issued on receipt of a completed Controlled Stationery requisition (Appendix A).
- 5.5.2 For security reasons FP10s must not be sent in the post or internal mail but must be collected in person.
- 5.5.3 In all cases the person collecting the prescriptions must have proof of identity in the form of a Trust security badge.
- 5.5.4 A record must be completed in the designated bases' records as above (see 5.9).
- 5.5.5 The person delegating collection of FP10's is accountable to ensuring the person collecting is fully aware of this policy.
- 5.5.6 The person collecting is responsible for security of the FP10s in transit and for the safe delivery to their destination.

5.6 Storage and Security of FP10s at user locations

- 5.6.1 When not in use FP10s must be stored in a secure location eg locked drawer/cupboard with strictly limited and controlled access.
- 5.6.2 Keys must be strictly controlled to allow a full audit trail in the event of any security incident.
- 5.6.3 Patients, temporary staff and visitors should not be left alone with FP10s or allowed into secure areas where forms are stored.
- 5.6.4 The Ward/Team Manager must nominate a co-ordinator to be responsible for the security and storage of FP10s on the unit. The storage of FP10s must be kept in line with the Record Keeping and Records Management Policy.
- 5.6.5 A designated bound record book solely for recording FP10s must be held securely on each base where FP10s are stored. Only one record book must be in active use at one time.
- 5.6.6 The records held on each base must include:

RECEIPT in back of bound record book

- date received
- name of the person delivering
- name of the person receiving (normally co-ordinator)
- what FP10s have been received
- the quantity and serial numbers must be entered in the book:
 - FP10 (HNC) first and last number of each prescription pad
 - FP10SS (issued in batches of 50) first and last number of each batch
 -

ISSUE in front of bound record book

- date of issue
- quantity and serial numbers issued
- name of person who issued
- name and signature of prescriber accepting the forms.

5.7 Issuing FP10s on Wards/Community Units

- 5.7.1 FP10s must only be issued to Trust authorised prescribers.
- 5.7.2 The record must be completed in the record book as above.
- 5.7.3 Once received by the prescriber the responsibility for security of the prescriptions forms lies with the prescriber.
- 5.7.4 The return of any FP10s should be entered in the record book.
- 5.7.5 In the event that a prescription is written or printed incorrectly then it should be crossed through and signed and dated by the prescriber.
- 5.7.6 The FP10 should be returned to the co-ordinator and entered in the record book as 'spoilt' and kept with the record book until Medicines Management Team staff visit when destruction will be organised.
- 5.7.7 Records of serial numbers received and issued should be retained for at least three years.

5.8 Additional security issues

- 5.8.1 FP10s should only be produced when needed. FP10s must never be left unattended on a desk or in a clinical area but placed in a locked drawer during the time it is not being used.
- 5.8.2 Prescription Pads must never be left unattended unless locked in a secure place.
- 5.8.3 FP10 SS prescription forms must be afforded the same security controls as other FP10s. The forms must be removed from the printer at the end of a clinic as these forms are acceptable in handwritten form. Patients must never be left unaccompanied by Trust staff in areas where printers contain FP10 SS forms.

- 5.8.4 When making home visits, prescribers working in the community should take suitable precautions to prevent the loss or theft of forms. Only a small number of prescription forms should be carried on home visits.
- 5.8.5 Prescribers issued with FP10 forms who are not based at a single location during clinical duties and do not return to the base at the end of a shift, or start from the base at the beginning of a shift may hold a small stock of FP10s. Prescribers holding FP10s whilst off-duty must ensure that the prescriptions are secured during this period.
- 5.8.6 If prescriptions have to be left in a vehicle they should be stored in a locked compartment or locked in the car boot. FP10s must not be left in unattended vehicles for long periods (e.g. overnight.)
- 5.8.7 If it is necessary to post a completed FP10 to the patient or to a community pharmacy then this must be recorded in the patient's electronic record including the serial number of the form and a recorded delivery method requiring signature on receipt is required.
- 5.8.8 Under no circumstances should prescription forms be pre-signed before use.
- 5.8.9 FP10s must only be used for prescribing for registered NHS treatment of patients of the Trust following an NHS consultation and must not be used to prescribe for private patients.
- 5.8.10 Trust FP10 prescriptions must only be used for prescribing for NHS patients under the care of the Trust as part of official Trust activity or business.
- 5.8.11 FP10s must not be used for prescribing for Trust staff, the prescriber or their family. The only exception is if a member of staff is also an NHS patient of the Trust and prescribing occurs as part of the relevant services normal NHS treatment procedures.
- 5.8.12 On termination of employment or if FP10's are no longer required any unused FP10s allocated to a prescriber must be returned to the issuing unit no later than the last day of service and an entry made in the record book.
- 5.9 Destruction of FP10s by Medicines Management staff or Authorised orderer**
- 5.9.1 All destruction of FP10s must be conducted by two people: either a member of the Medicines Management Team or an Authorised orderer and a second person to act as a witness.
- 5.9.2 The serial number of the forms destroyed should be recorded on the FP10 Destruction Form (Appendix D) and kept for a period of 18 months.
- 5.9.3 Forms which are no longer in use should be securely destroyed (eg by cross-cut shredding) before being put into confidential waste and this should be witnessed.

5.10 On-going auditing of FP10 ordering

- 5.10.1 All payment of invoices from the nationally contracted supplier of FP10s (see 5.1.1) will be authorised by the Head of Medicines Management.
- 5.10.2 Copies of orders placed (see 5.1.2) will be cross-referenced with invoices received from the nationally contracted supplier.
- 5.10.3 Unresolved discrepancies will be notified to the LSMS and LCFS for further investigation where appropriate.

6.0 MISSING/LOST/STOLEN PRESCRIPTION FORMS

- 6.1 Any missing or lost prescription forms or any suspected theft must be reported immediately. The Flow Chart for Missing/lost/stolen FP10 Prescription Forms should be followed. (Appendix B)
- 6.2 The prescriber or staff member should notify the Head of Medicines Management or Medicines Management Team who will inform the police as required.
- 6.3 The Service Manager must be informed and an incident report (Datix) must be completed.
- 6.4 The Medicines Management Team should inform the Security Manager and the Missing/lost/stolen NHS prescription form(s) notification form completed (Appendix C). This form may be completed by LSMS.
- 6.5 LSMS may then submit this form to LCFS and NHS Protect to ensure they are aware of the incident and can initiate an investigation if required.
- 6.6 FP10s can be used to prescribe CDs and legislation states that the Accountable Officer for CDs has responsibility for investigating concerns and incidents related to CDs.
- 6.7 The Accountable Officer may conduct the investigation into an incident or will ensure that LSMS or another staff member takes forward the investigation.

7. TRAINING REQUIREMENTS

- 7.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.
 - Infection Control
 - Medicines Management
 - Medicine Management Competency Assessment
 - Drug Calculation
 - Controlled Drugs

8. EQUALITY IMPACT ASSESSMENT

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

9. MONITORING COMPLIANCE AND EFFECTIVENESS

9.1 Monitoring arrangements for compliance and effectiveness

Overall monitoring will be by the Clinical Governance Group.

9.2 Responsibilities for conducting the monitoring

- Medicines Oversight Group

9.3 Methodology to be used for monitoring

- Audit of Safe and Secure Handling of Medicines (Appended to Medicines Policy)
- Monitoring of FP10 data through ePACT
- Untoward event and incident reporting via DATIX.

9.4 Frequency of monitoring

- Audit of Safe and Secure Handling of Medicines will be undertaken as outlined in the Trust audit plan
- ePACT Data will be monitored every second month by the Medicines in Clinical Practice group.

9.5 Process for reviewing results and ensuring improvements in performance occur.

Audit results will be presented to the Medicines Management Group for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented and communicated to the Clinical and Social Care Effectiveness Group.

10. COUNTER FRAUD

- 10.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

11. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

11.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

11.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 16:	Notification of death of service user
Regulation 17:	Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
Regulation 18:	Notification of other incidents

11.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

12. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

12.1 References

NHS Business Services Authority. Security Management Service. Security of Prescription Forms Guidance. (Current edition) [Available at www.nhsbsa.nhs.uk]

British National Formulary (Current edition) "Guidance of Prescribing" [Available at www.medicinescomplete.com]

12.2 Cross reference to other procedural documents

Medicines Policy

Non Medical Prescribing Policy

Record Keeping and Records Management Policy

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

13 APPENDICES

Appendix A	Controlled Stationery Request Form
Appendix B	Flow Chart for Missing/Lost/Stolen Prescription Forms
Appendix C	Notification Form for Missing/Lost/Stolen Prescription Forms
Appendix D	FP10 Destruction Form

PLEASE RETURN THE ENTIRE PAGE

SOMERSET PARTNERSHIP NHS FOUNDATION TRUST

*TO PHARMACY ADMINISTRATOR, MEDICINES MANAGEMENT OFFICE,
 CHEDDON LODGE, TAUNTON, TA2 7AZ 01823 368265
 OR Authorised Orderer for Community Health Services*

**CONTROLLED STATIONERY REQUISITION FOR FORM FP10
 FP10HNC / FP10SS /FP10MDA / FP10PN (delete as appropriate)**

Please supply me with the following:

QUANTITY	RH NUMBER	DESIGNATED BASE USE ONLY SERIAL NUMBERS ISSUED

ORDERED BY:

<u>DATE</u>	<u>SIGNATURE</u>	<u>NAME</u> (BLOCK CAPITALS)
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FOR DESIGNATED BASE USE ONLY

Date Order processed

Signature

To be signed upon receipt of the above items and the ENTIRE requisition form retained at the Designated Base

I received the above item(s) of stationery:

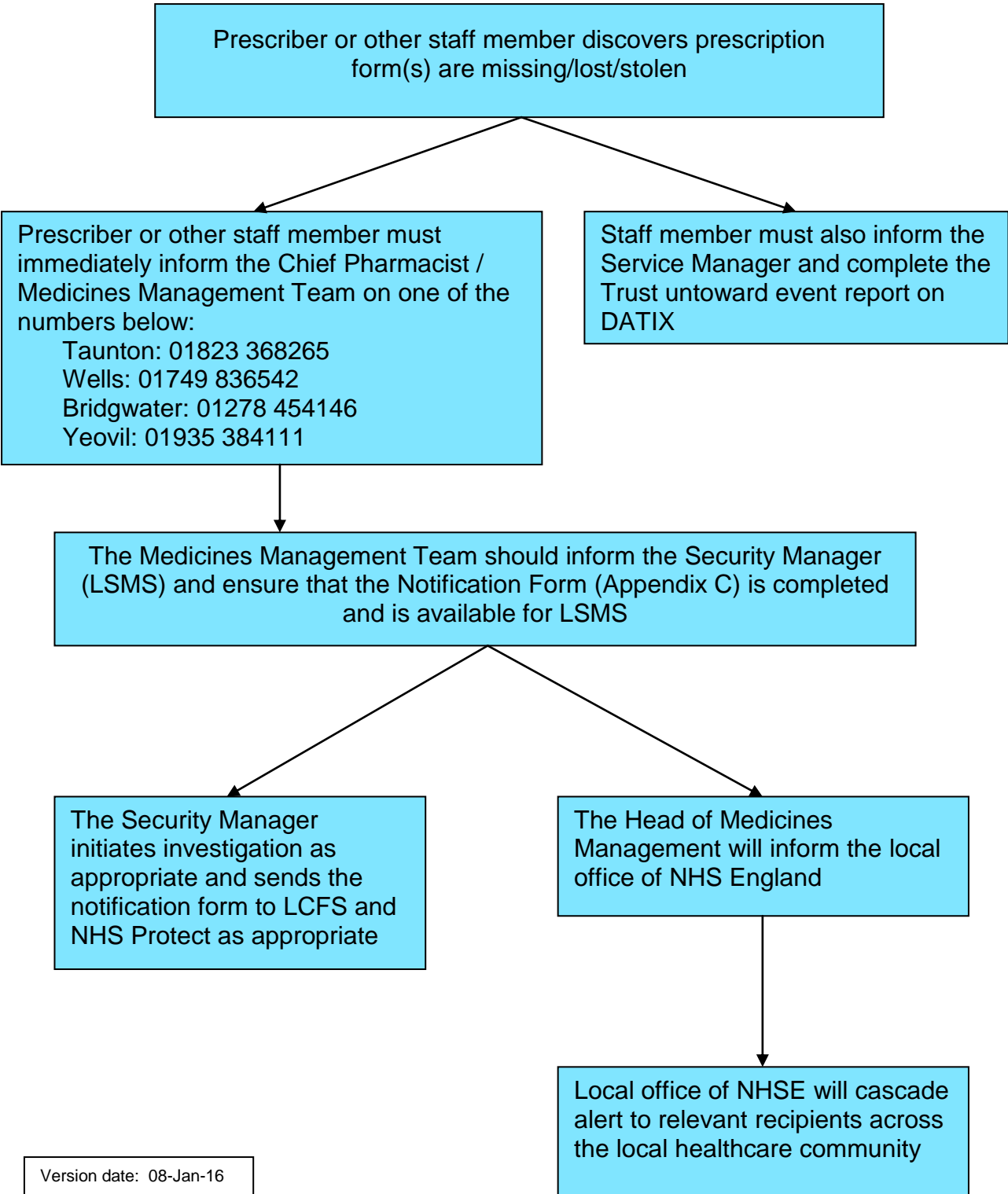
DATE

SIGNATURE

NAME (BLOCK CAPITALS)

Somerset Partnership NHS Foundation Trust

Flow Chart for Missing/Lost/Stolen Prescription Forms



Version date: 08-Jan-16

Somerset Partnership NHS Foundation Trust

Notification Form for Missing/Lost/Stolen Prescription Forms

Date reported:	
Contact name:	
Contact telephone number:	
Contact address:	
Full details of loss/theft	
Date of loss/theft:	
Time of loss/theft:	
Place where loss/theft occurred:	
Details of prescription forms	
Type of FP10s: (FP10 HNC or FP10 SSS)	
Serial Numbers:	
Quantity:	
Code (RH number):	
Name:	
Address on Form:	
Reporting	
Has this incident been reported to the head of Medicines Management?	
Has this incident been reported to the Security Manager?	
Has an alert and warning been issued to all local pharmacies?	

Details of any agreed change in ink colour for this prescriber and length of time it will be used:	
Name of person completing this form:	
Position of person completing this form:	
Signature:	
Date:	

