

FP10 Prescription Pads Policy

Issue Date: 14 February 2017

Disclaimer

- **Overarching policy statements must be adhered to in practice.**
- **Clinical guidelines are for guidance only. The interpretation and application of them remains the responsibility of the individual clinician. If in doubt contact a senior colleague or expert.**
- **The Author of this clinical document has ultimate responsibility for the information within it.**
- **This clinical document is not controlled once printed. Please refer to the most up-to-date version on the intranet.**
- **Caution is advised when using clinical documents once the review date has passed.**

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1. INTRODUCTION

FP10HNC forms have been approved by the Trust as the preferred method of prescribing for the majority of outpatients and for out of hours treatments in the Emergency Department (ED) at Kings Mill Hospital (KMH) and the Urgent Care Centre (UCC) at Newark. If treatment is urgent i.e. required within two weeks then hospital clinical staff write the required prescription and the patient can take it to their local Community Pharmacy for dispensing.

FP10s are classified as controlled stationary for a number of reasons and organisations must maintain clear and unambiguous records on FP10 receipt, storage, distribution and use. Theft of prescriptions and their consequent misuse is a concern and they should be treated like 'blank cheques' which in the wrong hands can lead to misuse of NHS resource. FP10s could be used to illegally obtain controlled medication. FP10s are small, easy to conceal and therefore steal. There are a number of ways to minimise the potential for misuse of FP10 prescriptions. Each FP10 prescription in the Trust is pre-printed with a unique identifier which allows the prescription to be traced. In order for these to be effective, appropriately stringent security measures must be in place within the Trust. Staff involved in the handling of the prescription pads must be fully aware of the theft potential and therefore abide by the Trust security measures set out in this procedure at all times.

This Policy has been introduced to ensure effective security measures for the safe storage and use of FP10 prescriptions and to provide a clear audit trail. The Policy will also give direction for the prompt reporting of missing FP10 prescriptions so the appropriate measures may be taken to limit the consequences of this within the local community.

2. SCOPE OF DOCUMENT

This clinical document applies to:

Staff group(s)

- All staff employed by the Trust either directly or by a third party, who order, store or use FP10 prescriptions.

Clinical area(s)

- All areas where FP10HNC and FP10SS prescriptions are used or stored.

Patient group(s)

- Not applicable

Exclusions

- White outpatient prescriptions for internal Trust use.
- Pink ED/UCC prescriptions for internal Trust use

Both of the prescriptions highlighted above can only be dispensed by the Trust Pharmacy and so are not subject to the same level of control as an FP10 as the misuse potential is minimal.

Related Trust policies and guidelines and/or other Trust documents

- Medicines Policy
- Policy for self-prescribing and prescribing of medicines for family members and colleagues.

3. DEFINITIONS AND/OR ABBREVIATIONS

Trust	Sherwood Forest Hospitals NHS Foundation Trust
Staff	All employers of the Trust including those managed by a third party on behalf of the Trust
FP10HNC	Prescription pad used in outpatient clinic, Emergency Department and Urgent Care Centre
FP10SS	Prescription sheets used by Community Paediatrics. These must be used with a printer and cannot be handwritten.
EAU	Emergency Assessment Unit
ED	Emergency Department - KMH
OPD	Out Patient Department
UCC	Urgent Care Centre - Newark
CDU	Clinical Decisions Unit
MCH	Mansfield Community Hospital
ACH	Ashfield Community Hospital
KMH	King's Mill Hospital
CCG	Clinical Commissioning Group
CDAO	Controlled Drug Accountable Officer
Prescribers	All clinical professionals with the authorisation to prescribe including doctors and non-medical prescribers who are registered to practice within the Trust
CDLIN	Controlled Drug Local Intelligence Network
Normal working	Monday - Friday

hours	09:00 – 17:00
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The terminology 'FP10 pads' or 'FP10 prescriptions' will be used throughout the document to refer to all types of FP10 prescriptions used within the Trust.

4. ROLES AND RESPONSIBILITIES

Prescribers are responsible and accountable for:

- using FP10 prescriptions appropriately and in line with the Medicine Policy
- appropriately booking out and recording the use of FP10 prescriptions in line with this Policy
- returning the FP10 prescriptions to secure storage at the end of each session
- collection and recording of FP10 prescriptions for individual use as per the policy
- returning FP10 prescriptions to the Pharmacy offices when their contract of employment is terminated by the Trust.
- the safe keeping of any FP10 prescriptions in their possession at all times.
- ensuring they are aware of the potential risk for abuse of controlled medications and NHS resource were FP10 prescriptions to be stolen.
- reporting any missing FP10 prescriptions immediately to Pharmacy
- preventing the mismanagement of FP10 prescriptions

Team (OPD) / department leaders (ED/UCC) are responsible and accountable for:

- ensuring the correct storage of FP10 prescription pads within the clinical area
- ensuring all staff are aware of the policy and abide by the standards at all times
- ensuring audits are carried out to give assurance that processes are embedded into practice.
- authorising staff members to collect FP10 prescriptions from Pharmacy.
- reporting missing FP10 prescriptions and pads immediately.
- preventing the mismanagement of FP10 prescriptions.

Pharmacy administration staff are responsible and accountable for:

- ensuring stores of FP10 prescriptions are maintained in a secure environment until the point at which they are collected for use in practice, at this point the responsibility transfers to the person collecting the FP10 prescriptions.
- issuing FP10 prescriptions against an order in a timely fashion
- preventing the mismanagement of FP10 prescriptions

Authorised 'collectors' are responsible and accountable for:

- ensuring the prompt delivery of FP10 prescriptions back to the named department or clinic area
- ensuring the security of the FP10 prescriptions is maintained until the point at which it is booked into the named department or clinical area
- preventing the mismanagement of FP10 prescriptions

Chief Pharmacist is responsible and accountable for:

- ensuring all areas are aware of the policy and any updates are circulated in a timely fashion.
- ensuring audits are conducted throughout the Trust to provide assurance of the continued adherence to the policy

- reporting any missing FP10 prescriptions to the CCG and Police where necessary, and handling communication regarding this thereafter.
- reporting any missing FP10 prescriptions to the CDLIN
- preventing the mismanagement of FP10 prescriptions

5. NARRATIVE

FP10 prescriptions are controlled stationary and will be ordered and stored securely in the Pharmacy Clinical Offices until an order is received for supply to a clinical area.

FP10s will be issued as individual pads or sheets (for Community Paediatrics), in packs of 50 as part of a pack which will be made up by the Pharmacy admin team.

Each pack will contain the following:

- 1 stamped FP10 pad – 50 sheets, with the information slip inserted. (FP10SS sheets will be issued in batches of 50 sheets)
- 1 'Record of FP10 usage form'
- Outer sticker showing the unique identifier numbers for the prescriptions contained within the pack.

5.1 Issue to clinics and department with a team of prescribers

FP10s will only be issued to authorised personnel with identification badges

Staff who intend to collect FP10 prescriptions will require an authorisation form, [Appendix 1](#), to be signed by a designated department or team leader. This will then be kept in Pharmacy and referred to when FP10 prescriptions are required. FP10 prescriptions will not be issued to someone who is unauthorised to collect.

When ordering FP10 prescriptions for the department, an order form must be completed. This form is shown in [Appendix 2](#). The top section of the order form will highlight the required number of FP10 prescription pads. This will be taken to Pharmacy within normal working hours. The FP10 prescription pads will be issued and signatures recorded on both the order form and the Pharmacy record. The FP10 prescriptions and the order form must be immediately returned to the designated department and the receipt acknowledged by way of signing the sheet in the bottom section by a second individual e.g. not the person collecting the FP10 prescription pads. The FP10 prescriptions will then be booked in to the department on the form shown in [Appendix 3](#).

The process of collecting from Pharmacy and booking into the department must involve two people, one of which must be a registered nurse, and 5 or above. The same person cannot order, collect and sign in the FP10 prescriptions.

The order form will then be returned with all signatures completed to acknowledge the delivery and receipt of the FP10 prescription pads. This must be returned to Pharmacy within 24 hours of receipt of the prescription pads. This order form will then be retained in Pharmacy for two years.

Order forms are available via the intranet:

[FP10 prescription pad order form](#)

All areas must record the receipt and issue of FP10 prescriptions within the department. The form is available in [Appendix 3](#). When a pad is required for use in a clinical environment

then this pack must be issued and logged on the form. This form is to ensure an accurate log is kept at all times for the pads currently stored in the cupboard e.g. not in use. When in use the prescriptions must be accounted for on a sessional basis using the form contained in the FP10 pack. This is shown in [Appendix 4](#).

All FP10 prescription forms must be checked at the beginning and end of every session and the number, highlighted in Diagram 1 below must be recorded. If any prescriptions are unaccounted for at the beginning or end of any session then please refer to Section 5.3 as to how to proceed.

Areas may wish to keep local records of which clinic rooms have FP10 pads in circulation at any one time in order to accurately check them back into stock at the end of every session. This is in acknowledgement that not all pads will be required for every clinic session but all must be accounted for at the end of the clinic session.

Diagram 1: a sample FP10 prescription showing the number to log at the beginning and end of every clinical session.

The image shows a sample FP10 prescription form. A red circle highlights the number 55782832151, which is the number to be logged at the beginning and end of every clinical session. The form includes the following information:

- Signature of Prescriber: PRESCRIPTION TOKEN – Not to be used as a prescription, even if signed by an authorised prescriber.
- Date: 17 Apr 2013
- For Dispenser No. of Presc. on form: 670657
- Dr Greenbrook Heston, Greenbrook Heston, Heston Health Centre, 25 Cranford Lane, Hounslow, 02086303414
- Hounslow CCG
- RA
- TWS 9ER
- 07Y
- P10550608

NB: The prescription numbers are sequential, last number being for audit purposes only.

5.2 Issue to Consultants or Independent Nurse Prescribers.

Consultants or Nurse Prescribers requiring a pad for their individual use will not be required to have an authorisation form but will be expected to show up to date identification in the form of a Trust ID badge on collection of an FP10 prescription pad.

The Consultant or Nurse Prescriber must return the FP10 prescriptions to Pharmacy in the event of their contract being terminated by the Trust.

The Trust will not expect individual Consultant to log each prescription used if it has been collected by them in person, and is for their own use e.g. for home visits, individual appointments outside normal clinic times.

NB:– use of prescription pads in clinic will be subject to the same level of control as highlighted in Section 5.1 and prescriptions will need to be signed in and out for each session, this is because the same pad will be used by different clinicians.

Consultants and Nurse Prescribers must collect pads for their own use in person from Pharmacy; they will not be issued to individuals for personal use via clinics.

For individuals taking responsibility for FP10 prescription pads, ensure adherence to the following;

1. A new FP10 prescription pad must be collected and booked out as per the guidance from Pharmacy team. This is to ensure a log of the whereabouts of all FP10 prescriptions.
2. The FP10 pad must be available for inspection on request as part of an on-going audit plan into FP10 prescription pad security.
3. Do not leave prescription pads in patients' notes.
4. FP10 prescriptions must never be left unattended in clinic rooms, unlocked desks or in any patient area.
5. When not in use FP10 prescription pads must be stored in a locked drawer or cupboard.
6. FP10SS prescriptions should be treated in the same way as FP10HNC and must not be left in printers in unsecured areas when not in use.
7. FP10 prescriptions must never be pre-signed.
8. FP10 prescriptions must not be used for self-prescribing, prescribing for friends or family. Please refer to the Trust Policy for self-prescribing for guidance in this situation. <http://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=15151>

5.3 Missing, lost or stolen prescription pads.

All instances where FP10 prescriptions are unaccounted for must be reported on Datix and every effort made to locate the pads.

The audit trail for all pads should be in place which will highlight the individual responsible for the pad at the time of the loss.

Pharmacy must be notified at the earliest opportunity and the Controlled Drug Accountable Officer (CDAO) must be made aware if the pad cannot be located. In the case of SFHT, this is the Chief Pharmacist.

24 hours will be given to locate the prescriptions, following this time; the loss will be reported to NHS Protect.

The form shown in [Appendix 5](#) must be completed and emailed to the following recipients:

Steve.May@sfh-tr.nhs.uk (Chief Pharmacist and CDAO)

Joanna.Freeman@sfh-tr.nhs.uk (Assistant Chief Pharmacist & Medication Safety Officer)

Paula.Baxter@sfh-tr.nhs.uk (PA to the Chief Pharmacist)

Form available online:

[Missing FP10 prescription notification form](#)

Responsibility of the CDAO or nominated deputy.

The CDAO or nominated deputy must the inform NHS Protect that the prescriptions are missing.

Check the content of the form to ensure all fields are completed.

Send as an email attachment to prescription@nhsprotect.gsi.nhs.uk

A copy of this form must be retained within the Pharmacy department for reference.

The CDAO must inform the Controlled Drug Local Intelligence Network (CDLIN).

Depending on the circumstances the Trust, in collaboration with NHS Protect may circulate a national or regional alert about the incident involving the security of prescription forms.

It is the responsibility of the Trust CDAO to ensure the alert is circulated to the relevant staff both within the Trust and the CCG.

If a prescription pad is lost or stolen from the Trust then all prescriptions written for a 2 month period will need to be completed in red ink.

In the case of SFHT as we do not have prescription pads for individual prescribers, if prescriptions from a prescription pad stamped for 'Medicine' are lost then all prescriptions issued from a 'Medicine' pad throughout the Trust will need to be written in red ink or they will not be processed by local Pharmacy services.

It will be the responsibility of the departmental team leader and CDAO, or appointed deputy, to communicate and enforce this message with teams.

6. EVIDENCE BASE / REFERENCES

Security of prescription forms guidance. NHS Protect, October 2009 (updated March 2011, August 2013 and August 2015)

7. EDUCATION AND TRAINING

All relevant staff will be kept informed of policy updates via email.

Staff will be informed of the policy at the point of induction to the specialist areas where FP10 prescriptions are used most frequently, namely ED, UCC and OPD on all sites.

Band 2 and 3 assistants will be required to undertake a competency assessment before being able to handle FP10 prescriptions in OPD.

8. MONITORING COMPLIANCE

WHO is going to monitor this element (job title of person/ group responsible)	WHAT element of compliance or effectiveness within the procedural document will be monitored	HOW will this element be monitored (method used)	WHEN will this element be monitored (frequency/ how often)	REPORTING Which committee/ group will the resultant report and action plan be reported to and monitored by (report should include any areas of good practice/ organisational learning)
Department leaders or nominated deputy	Ensure the FP10 documentation is complete in terms of: <ul style="list-style-type: none"> • Receipt into the department • Issue to clinical areas • All forms are accounted for on the prescription use log 	Audit	Quarterly – this may be increased to monthly or weekly for poor performing areas as advised by the Chief Pharmacist and CDAO for the Trust.	Medicines Management Committee (MMC) – quarterly report as part of the CDAO report.
Pharmacy Clinical Governance Group (PCGG) – in conjunction with the administration team.	Ensure the FP10 documentation is up to date in terms of: <ul style="list-style-type: none"> • Log of people authorised to order prescriptions is up to date • Log of people authorised to collect prescriptions is up to date • All documentation is completed on receipt of new FP10 stock. • All documentation is up to date when prescriptions are issued. 	Audit	Biyearly	PCGG
Medication Safety Officer	Ensure the audit trail for prescriptions is complete from receipt of the pad to use in clinical practice	Follow the trail for a sample of prescription pads to ensure all documentation is completed.	Biyearly	MMC
Medication Safety Officer	Ensure all Datix reports of missing FP10s pads are investigated and resolved in a timely manner	Review Datix system	Daily	MMC / department leader

9. CONSULTATION

The following individuals, groups of staff and Trust group(s)/ committee(s) have been consulted in the development/ update of this document:

Contributors:	Communication Channel: e.g. • Email • 1:1 meeting/ phone • Group/ committee meeting	Date:
Outpatient Matron – to include consultation with Newark OPD team.	1:1 meeting and email correspondence	14.11.16
Outpatient Team Leader	Email correspondence	14.11.16
ISHS Divisional Governance Meeting	Meeting discussion	9.11.16
Outpatient Practice Development Matron	Email correspondence 1:1 meeting	14.11.16
ED Department Lead Nurse	1:1 meeting and email correspondence	Sept 16
Medicine - via Divisional Manager for dissemination	Email correspondence for discussion at meeting	No reply
Surgery - via Divisional Manager for dissemination Anaesthetics, Pain team – reply received.	Email correspondence for discussion at meeting	Reply from some areas.
Womens and Childrens - via Divisional Manager for dissemination	Email correspondence for discussion at meeting	20.10.16
ACH Reception Manager	Email	15.11.16
Newark Matron	Email	15.11.16
Pharmacy Management Team	Group meeting	October 16
Drug and Therapeutics Committee / Medicines Management Committee - for ratification.	Group meeting	27.1.17

10. EQUALITY IMPACT ASSESSMENT (EIA)

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status. An EIA of this policy/guideline has been conducted by the author using the EIA tool developed by the Diversity and Inclusivity Committee.

11. KEYWORDS

FP10, prescription, security, lost, pads, outpatients, FP10HNC, FP10SS, for the use of

12. APPENDICES

[Appendix 1](#) – FP10 Collection Authorisation Form.

[Appendix 2](#) - Request for Supply of FP10 Pads.

[Appendix 3](#) – Receipt and Issue of FP10 Pads in Department.

[Appendix 4](#) – FP10 Prescription Log when Prescription Pad in use.

[Appendix 5](#) – Missing / Lost / Stolen FP10 Prescription Pad Notification Form

Appendix 1 – FP10 Collection Authorisation Form.

**FP10 Collection
Authorisation Form**

Name:

Clinic:

Signature:

I confirm that the above is employed by the Trust and has been approved to collect FP10 pads from Pharmacy.

Signed:

Print Name:

Designation:

Date:

Form to be retained in a Pharmacy register of authorised signatures.

Appendix 2 - Request for Supply of FP10 Pads

SHERWOOD FOREST HOSPITALS (NHS) TRUST

**REQUEST FOR SUPPLY OF HOSPITAL PRESCRIPTION FORMS
FP10 (HNC)**

REMEMBER - ALL PRESCRIPTION FORMS MUST BE HELD
SECURELY AS CONTROLLED STATIONERY

Please supply(no.) of pads of 50 forms of FP10(HNC) for use at
..... (name of department and hospital)

Signed(print name)

For Pharmacy use

.....(no.) of pads of 50 forms of FP10(HNC) CODE NO
serial no. from to(inc.)
(N.B. ignore last number of serial no.)

Issued by:

Signed (date)

Print name

Checked by:

Signed (date)

Print name

RECEIPT OF HOSPITAL PRESCRIPTION FORMS FP10 (HNC)

I confirm that.....(number) of prescription pads have been received
into the department.

Delivered by:

Signed Date

Print name:..... Designation:.....

Accepted in department by:

Signed Date.....

Print name Designation:.....

Exact location of storage for the requested prescription pads prior to issue to clinical areas
.....

Please return the whole form to Pharmacy for storage. This will be retained for 2 years after the date of receipt.

Appendix 5 – Missing / Lost / Stolen FP10 Prescription Pad Notification Form

Organisation:	Date reported:	
Contact Name:	Contact telephone number:	
Contact address:		
The following number of FP10 prescription forms have been identified to us as lost or stolen:		
Date of theft / loss:		
Name of the person reporting:	Telephone number:	
<p>Full details of the theft / loss, please fill in below and include the following:</p> <ul style="list-style-type: none"> • Date/time of loss/theft • Date/time or reporting loss/theft • Place where loss/theft occurred • Type of prescription stationery • Serial numbers • Quantity • Details of the person to whom you are reporting the incident. 		
Details of the doctor/department/nurse from whom the prescription forms have been stolen or lost:		
Name:		
Personal identification number e.g. GMC number (if applicable)		
Address		
Serial number (s) lost or stolen		
From	To	
Details of the NHS Prescription type lost or stolen (circle the appropriate one)	FP10HNC	FP10SS
Has this incident been reported to the police?	Yes	No

Name of the police station and investigation officer		
Has an alert and warning been issued to all local pharmacies and GP surgeries within the areas	Yes	No
Please give details of any ink changes or security measures and the effective dates of these measures:		
Name		
Position		
Signed		
Date		

Document control/ supporting information for this clinical document		
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FP10 Prescription Pads Policy		
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Job title of author responsible for the document/ author name:	Joanna Freeman Assistant Chief Pharmacist and Medicines Safety Officer	
Division & Specialty/ Department/ Service responsible for reporting the status of the document; or Aligned Approval Group:	Drug and Therapeutics Committee / Medicines Management Committee	
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Issue Date	Version	Comments
14-02-2017	1.0	<ul style="list-style-type: none"> New document
Distribution (Circulation):	<ul style="list-style-type: none"> This document will be accessible via the Trust's intranet. 	
Communication:	<ul style="list-style-type: none"> Information regarding the initiation and subsequent updates of this document will be communicated via the earliest weekly Trust staff bulletin/ nursing bulletin and/ or other agreed communication method. 	