

## FP10 PRESCRIPTION PADS POLICY

		POLICY
<b>Reference</b>	CPG-TW-MM/P-FP10	
<b>Approving Body</b>	Joint Drug and Therapeutics and Medicines Optimisation Committee	
<b>Date Approved</b>	9 <sup>th</sup> February 2024	
<b>For publication to external SFH website</b>	<b>Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:</b>	
	<b>YES</b>	<b>NO</b>
	X	
<b>Issue Date</b>	23 <sup>rd</sup> February 2024	
<b>Version</b>	3.0	
<b>Summary of Changes from Previous Version</b>	<ul style="list-style-type: none"> <li>Planned review undertaken</li> <li>4.1 – statement added regarding safe storage on site not at home or other non-hospital premises</li> <li>Section 8, minor updates in-line with current arrangements</li> <li>Appendix 2 and 5 – updated (live copies available via pharmacy intranet site)</li> </ul>	
<b>Supersedes</b>	Version 3.0, Issued 31 <sup>st</sup> July 2022 to Review Date February 2024 (ext <sup>1</sup> )	
<b>Document Category</b>	<ul style="list-style-type: none"> <li>Clinical</li> </ul>	
<b>Consultation Undertaken</b>	<ul style="list-style-type: none"> <li>Pharmacy Administration Team</li> <li>OPD Matron</li> <li>OPD Team Leader</li> </ul>	
<b>Date of Completion of Equality Impact Assessment</b>	January 2024	
<b>Date of Environmental Impact Assessment (if applicable)</b>	n/a	
<b>Legal and/or Accreditation Implications</b>	Fraud	
<b>Target Audience</b>	Trustwide – see also specific details at section 2	
<b>Review Date GSU to complete unless author requires shorter</b>	January 2027	
<b>Sponsor (Position)</b>	Chief Pharmacist	
<b>Author (Position &amp; Name)</b>	Ming Cheung, pharmacist. Updated by Joanna Freeman Assistant Chief Pharmacist – Medication Safety and Governance	
<b>Lead Division/ Directorate</b>	Clinical Support, Therapies and Outpatients	
<b>Lead Specialty/ Service/ Department</b>	Pharmacy / Medicines Management	
<b>Position of Person able to provide Further Guidance/Information</b>	Joanna Freeman - Assistant Chief Pharmacist	
<b>Associated Documents/ Information</b>		<b>Date Associated Documents/ Information was reviewed</b>
Not Applicable		Not Applicable
Template Control		June 2020

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## 1.0 INTRODUCTION

FP10HNC forms, also more simply referred to as FP10s, 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.

## 2.0 POLICY STATEMENT

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.

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.

### 3.0 DEFINITIONS/ ABBREVIATIONS

<b>Trust</b>	Sherwood Forest Hospitals NHS Foundation Trust
<b>Staff</b>	All employers of the Trust including those managed by a third party on behalf of the Trust
<b>FP10HNC</b>	Prescription pad used in outpatient clinic, Emergency Department and Urgent Care Centre
<b>FP10SS</b>	Prescription sheets used by Community Paediatrics. These must be used with a printer and cannot be handwritten.
<b>EAU</b>	Emergency Assessment Unit
<b>ED</b>	Emergency Department - KMH
<b>OPD</b>	Out Patient Department
<b>UCC</b>	Urgent Care Centre - Newark
<b>CDU</b>	Clinical Decisions Unit
<b>MCH</b>	Mansfield Community Hospital
<b>ACH</b>	Ashfield Community Hospital
<b>KMH</b>	King's Mill Hospital
<b>ICB</b>	Integrated Commissioning Board (formerly know as the CCG)
<b>CDAO</b>	Controlled Drug Accountable Officer
<b>Prescribers</b>	All clinical professionals with the authorisation to prescribe including doctors and non-medical prescribers who are registered to practice within the Trust
<b>CDLIN</b>	Controlled Drug Local Intelligence Network
<b>Normal working hours</b>	Monday - Friday 09:00 – 17:00

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.

### 4.0 ROLES AND RESPONSIBILITIES

#### 4.1 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

To note:FP10 prescriptions must be safely stored on site and must not be stored at home or in other non-hospital registered premises.

**4.2 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.

**4.3 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

**4.4 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

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

**5.0 APPROVAL**

This document is approved by the Joint Drug and Therapeutics and Medicines Management Committee

## 6.0 DOCUMENT REQUIREMENTS

6.0.1 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.

6.0.2 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.

### 6.1 Issue to clinics and department with a team of prescribers

#### **FP10s will only be issued to authorised personnel with identification badges**

6.1.1 Staff who intend to collect FP10 prescriptions will require an authorisation form, to be signed by a designated department or team leader (the form is shown in [Appendix 1](#)). 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.

6.1.2 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 in the receiving department, e.g. not the person collecting the FP10 prescription pads.
- The FP10 prescriptions will then be booked into the department on the form shown in [Appendix 3](#).

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

6.1.4 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.

6.1.5 Order forms are available [here](#) via the pharmacy intranet.

6.1.6 All areas must record the receipt and issue of FP10 prescriptions within the department. This form is shown at [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.

6.1.7 When in use the prescriptions must be accounted for on a sessional basis using the form contained in the FP10 pack. The form is shown in [Appendix 4](#).

6.1.8 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 6.5 as to how to proceed.

6.1.9 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.

Signature of Prescriber	Date
PRESCRIPTION TOKEN – Not to be used as a prescription, even if signed by an authorised prescriber.	17 Apr 2013
For dispenser No. of Prescriber on form	670657
Dr Greenbrook Heston Greenbrook Heston, Heston Health Centre 25 Cranford Lane Hounslow Hounslow CCG	RA TWS 9ER 67Y
AMS	55782832151
	FP 0550608

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

## 6.2 Issue to Consultants or Independent Nurse Prescribers.

6.2.1 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.

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

6.2.3 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.

6.2.4 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.

6.2.5 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. FP10 pads must not be stored at home or in any other non-hospital registered premises.
7. 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.
8. FP10 prescriptions must never be pre-signed.
9. FP10 prescriptions must not be used for self-prescribing, prescribing for friends or family. Please refer to the Trust's Self-prescribing policy for guidance in this situation.  
<http://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=15151>

### **6.3 Return and destruction of spoiled, unwanted, or excess FP10 prescription pads or individual prescription sheets.**

6.3.1 All spoiled, unwanted or excess prescription pads/sheets must be returned to pharmacy to be returned to stock, quarantined and destroyed.

6.3.2 All partly used pads must be destroyed (see 6.3.3).

6.3.3 Ward/clinical areas returning prescription pads to be destroyed must record on the relevant "FP10 Prescription Log when Prescription Pad in use" sheet (see form at [Appendix 4](#)):

- The number of prescription pads and the quantity of sheets returned.
- The serial numbers of the first prescription(s) and the last prescription(s) in the pad(s) being returned.
- The name of the person returning them
- The reason for return.

6.3.4 Pharmacy admin receiving the unwanted prescription pads will:

- Record the serial numbers of the first prescription(s) and the last prescription(s) in the pad(s) being destroyed onto the relevant supply record.
- Mark on the supply record as destroyed with date of destruction and who by.
- Securely destroy them via shredding

### **6.4 Stock checks of FP10 prescription pads**

6.4.1 Stock checks of FP10 prescription pads must be completed and documented quarterly.

6.4.2 Any discrepancies must be reported immediately to the Chief Pharmacist (details below, section 6.5)



## 6.5 Missing, lost or stolen prescription pads.

6.5.1 All instances where FP10 prescriptions are unaccounted for must be reported on Datix.

6.5.2 If FP10 prescription forms are found to be missing, Trust staff must make every effort to find them.

6.5.3 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.

6.5.4 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.

6.5.5 24 hours will be given to locate the prescriptions, following this time; the loss will be reported to NHS Counter Fraud Authority (NHSCFA).

6.5.6 The form shown in [Appendix 5](#) must be completed and emailed to the Chief pharmacist, CDAO, Assistant Chief Pharmacist, and the personal assistant to the Chief Pharmacist. Email addresses can be found in [Appendix 6](#).

Form available online: [Missing/ lost/ stolen FP10 prescription pad notification form](#)

## 6.6 Fraudulent prescriptions

6.6.1 The following relates to pharmacy colleagues receiving prescriptions

6.6.2 If there are any doubts about the authenticity of a prescription the prescriber should be contacted by a member of the pharmacy team to establish whether it is genuine or is fraudulent.

6.6.3 Pharmacy staff should not compromise their safety and only challenge presenting individuals if it safe and appropriate to do so.

6.6.4 The member of staff receiving the fraudulent prescription must ensure that they have completed an incident form via Datix system, reporting it as a security incident and fill in the Lost/Stolen/Fraudulent prescriptions forms(s) notification form (appendix 5). This form must be given to the Chief Pharmacist immediately.

6.6.5 The Chief Pharmacist should contact;

1. The Police
2. Local NHS England Primary Care Contracting Teams
3. The Local Counter Fraud Specialist.
4. NHS Counter Fraud Authority (NHSCFA) – see section 6.7 for details.

6.6.6 In the absence of the Chief Pharmacist, the Assistant Chief Pharmacist must be informed and follow the instructions set out in the procedure above.

## **6.7 Responsibility of the CDAO or nominated deputy in the event of missing FP10s.**

6.7.1 The CDAO or nominated deputy must the inform NHSCFA that the prescriptions are missing.

6.7.2 NHS CFA can be contacted through the NHS Fraud and Corruption Reporting Line (0800 028 4060), or online at <https://cfa.nhs.uk/reportfraud>.

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

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

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

6.7.8 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.

For example, 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.

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

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<p><b>Minimum Requirement to be Monitored</b></p> <p>(WHAT – element of compliance or effectiveness within the document will be monitored)</p>	<p><b>Responsible Individual</b></p> <p>(WHO – is going to monitor this element)</p>	<p><b>Process for Monitoring e.g. Audit</b></p> <p>(HOW – will this element be monitored (method used))</p>	<p><b>Frequency of Monitoring</b></p> <p>(WHEN – will this element be monitored (frequency/ how often))</p>	<p><b>Responsible Individual or Committee/ Group for Review of Results</b></p> <p>(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)</p>
<p>Ensure the FP10 documentation is complete in terms of:</p> <ul style="list-style-type: none"> <li>• Receipt into the department</li> <li>• Issue to clinical areas</li> <li>• All forms are accounted for on the prescription use log</li> </ul>	<p>Department leaders or nominated deputy</p>	<p>Audit</p>	<p>Quarterly – this may be increased to monthly or weekly for poor performing areas as advised by the Chief Pharmacist and CDAO for the Trust.</p>	<p>CSTO governance meeting</p>
<p>Ensure the FP10 documentation is up to date in terms of:</p> <ul style="list-style-type: none"> <li>• Log of people authorised to order prescriptions is up to date</li> <li>• Log of people authorised to collect prescriptions is up to date</li> <li>• All documentation is completed on receipt of new FP10 stock.</li> <li>• All documentation is up to date when prescriptions are issued.</li> </ul>	<p>Pharmacy Management Team – in conjunction with the administration team.</p>	<p>Audit</p>	<p>Annual</p>	<p>Pharmacy Management meeting</p>
<p>Ensure the audit trail for prescriptions is complete from receipt of the pad to use in clinical practice</p>	<p>Medication Safety Officer</p>	<p>Follow the trail for a sample of prescription pads to ensure all documentation is completed.</p>	<p>Prior to Policy update – 3 yearly cycle</p>	<p>Joint Drug and Therapeutics and Medicines Management Committee</p>
<p>Ensure all Datix reports of missing FP10s pads are investigated and resolved in a timely manner</p>	<p>Medication Safety Officer</p>	<p>Review Datix system</p>	<p>Daily</p>	<p>As required.</p>

## 8.0 TRAINING AND IMPLEMENTATION

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 outpatient areas on all sites.

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

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix 7](#).
- This document is not subject to an Environmental Impact Assessment.

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- Management and control of prescription forms, v1.0. NHS Counter Fraud Authority, March 2018.

### Related SFHFT Documents:

- Medicines Policy
- Controlled drugs policy – in progress at the time of this review
- Policy for self-prescribing and prescribing of medicines for family members and colleagues.

## 11.0 KEYWORDS

security, lost, outpatients, FP10HNC, FP10SS, prescriptions

## 12.0 APPENDICES

[Appendix 1](#) – FP10 collection authorisation form ([representational copy](#))

[Appendix 2](#) – Request for supply of FP10 pads ([representational copy](#))

[Appendix 3](#) – Receipt and issue of FP10 pads in department ([representational copy](#))

[Appendix 4](#) – FP10 prescription log when prescription pad in use ([representational copy](#))

[Appendix 5](#) – Missing / lost / stolen FP10 prescription pad notification form ([representational copy](#))

[Appendix 6](#) – Contact details for Chief Pharmacist, CDAO, and Assistant Chief Pharmacist.

[Appendix 7](#) – Equality Impact Assessment form

Appendix 1 - FP10 collection authorisation form ([representational 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.

REPRESENTATIONAL COPY

Appendix 2 - Request for supply of FP10 pads ([representational form](#))  
(click [here](#) for live form to download and use in practice)

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 FP10 prescription pads have  
been received into the department.

**Delivered by:**

Signed ..... Date .....

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

**Accepted in department by:**

Signed ..... Date .....

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

Location of storage for the requested FP10 prescription pads prior to issue to clinical areas  
.....

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

Policy for the use of FP10 prescription pads.  
Issue date: February 2024  
Review date: February 2027

Appendix 3 - Receipt and issue of FP10 pads in department (representational form)

**Form for the receipt and issue of FP10 prescription pads within department.**

This form must be completed to ensure the location of all prescription pads is recorded. This form must be kept centrally within the department and be available for audit at all times. FP10s are controlled stationery and as such must be subject to stringent records and security. Please retain forms for 2 years within the department.

Date of receipt	FP10 pad start number	FP10 pad end number	Receipt into department <small>Return the order form to pharmacy with signature completed</small>		Issued to:	Date of issue to clinical area	Signature for issue to clinical area
			Collected by	Booked in by			

Appendix 4 - FP10 prescription log when prescription pad in use (representational form)

**RECORD OF FP10 PAD USAGE - SERIAL NUMBER FROM TO**  
 (NB the last digit is a random "check number", please bracket it when recording)

Date	Clinic +/- room no.	Signature of person issuing pad	Serial number at start of session	Signature of Prescriber receiving FP10s	Signature of Prescriber returning FP10s	Signature of Nurse in charge	Serial number at end of session

**ONLY COMPLETE THIS SECTION IF RETURNING UNWANTED OR EXCESS FP10 PRESCRIPTION PAD(S) TO PHARMACY**

Date returned: \_\_\_\_\_ Name of person returning: \_\_\_\_\_ Signature of person returning: \_\_\_\_\_

Reason for returning: \_\_\_\_\_



Appendix 5 - Missing / lost / stolen FP10 prescription pad notification form (**representational form**)  
(click [here](#) for live form to download and use in practice)

Page 1

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:
Full details of the theft / loss, please fill in below and include the following: <ul style="list-style-type: none"> <li>• Date/time of loss/theft</li> <li>• Date/time or reporting loss/theft</li> <li>• Place where loss/theft occurred</li> <li>• Type of prescription stationery</li> <li>• Serial numbers</li> <li>• Quantity</li> <li>• Details of the person to whom you are reporting the incident.</li> </ul>	
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

Page 2

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		

Please return the completed form to:  
[Mohamed\\_rahman3@nhs.net](mailto:Mohamed_rahman3@nhs.net)  
[Joanna\\_Freeman@nhs.net](mailto:Joanna_Freeman@nhs.net)  
[p.baxter@nhs.net](mailto:p.baxter@nhs.net)

Thank you

## Appendix 6 - Contact details for Chief Pharmacist, CDAO, and Assistant Chief Pharmacist.

Mohamed Rahman: [mohamed.rahman3@nhs.net](mailto:mohamed.rahman3@nhs.net) (Chief Pharmacist and CDAO)

Joanna Freeman: [joanna.freeman@nhs.net](mailto:joanna.freeman@nhs.net) (Assistant Chief Pharmacist & Medication Safety Officer)

Paula Baxter: [P.Baxter@nhs.net](mailto:P.Baxter@nhs.net) (PA to the Chief Pharmacist)

**APPENDIX 7 – EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

<b>Name of service/policy/procedure being reviewed:</b> FP10 Prescription Pads Policy			
<b>New or existing service/policy/procedure:</b> Existing policy			
<b>Date of Assessment:</b> January 2024			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups’ experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	None	n/a	n/a
<b>Gender</b>	None	n/a	n/a
<b>Age</b>	None	n/a	n/a
<b>Religion</b>	None	n/a	n/a
<b>Disability</b>	None	n/a	n/a
<b>Sexuality</b>	None	n/a	n/a
<b>Pregnancy and Maternity</b>	None	n/a	n/a
<b>Gender Reassignment</b>	None	n/a	n/a
<b>Marriage and Civil Partnership</b>	None	n/a	n/a

<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	None	n/a	n/a
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> <ul style="list-style-type: none"> <li>None</li> </ul>			
<b>What data or information did you use in support of this EqIA?</b> <ul style="list-style-type: none"> <li>Information from within the policy and author's knowledge of subject.</li> </ul>			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b> <ul style="list-style-type: none"> <li>None known</li> </ul>			
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  Low Level of Impact  For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
<b>Name of Responsible Person undertaking this assessment: Joanna Freeman, Assistant Chief Pharmacist</b>			
<b>Signature:</b>			
<b>Date: January 2024</b>			