

**1854**

## Dealing with Lost Prescription Forms Procedure

No. 101.3



Partners in Care

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### Document Information

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Non-Medical Prescribing Policy			
Security & Safe Handling of Prescription Forms			

### Amendment History

Issue	Status	Date	Reason for Change	Authorised
V.2	Reviewed	15 October 2008	Reporting of lost prescriptions and revised procedure for ordering of prescription forms	Jacque Phare
2.1		29 June 2010	Updated contact details	Jacque Phare
V3		May 2012	Changes in notification procedure	Jacque Phare
V4		November 2013	Updated contact details Changes in notification	Jacque Phare
V5	Reviewed	July 2015	Updated contact details	Vicky Queen
V6	Reviewed	27 May 2016	Updated contact details change in Organisation Change in process for non-arrival of ordered prescription	Helen skinner

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## 1 Introduction

- 1.1 As an organisation we are currently changing existing and developing new services where Non-medical prescribing is an integral element. It is one of the government's key objectives in modernising the NHS to enable clients and patients to access medicines in a timely and appropriate fashion.

To achieve this aim Torbay and South Devon NHS Foundation Trust (TSDFT) is currently training non-medical prescribers in various eligible professional groups including, nurses, podiatrists, physiotherapists and pharmacists where prescribing rights will improve patient care. A number of nurses have already attained independent supplementary rights (v300) and we employ both health visitors and district nurses whom have community practitioner prescribing rights (v100). As the numbers of non-medical prescribers increase it is paramount that a strong framework of governance underpins this development.

- 1.2 Prescription forms are the property of TSDFT, the term prescription form refers to both purple and green prescription forms and includes both pads and computer generated prescriptions forms (FP10)

It is the responsibility of the prescriber to ensure that all prescriptions forms FP10s are safe and secure at all times. (See procedure for security and safe handling of prescription forms). The prescriber is also responsible for implementing this procedure should any prescription forms be, missing, lost or stolen.

## 2 Objective

- 2.1 The main objective of this procedure is to ensure a simple rapid failsafe system is in place to be implemented by any health professional who prescribes quickly and effectively on identifying missing, lost or stolen prescription forms.
- 2.2 To minimise the risk to the health community of prescription forms being used illegally that have the potential to cause harm.

## 3 Roles & Responsibilities

- 3.1 All Non-medical prescribers employed within TSDFT have an implicit responsibility to follow this procedure should they identify or suspect prescription forms in their care are missing, lost or stolen
- 3.2 NHS England Team has the responsibility of implementing this procedure as soon as they are informed of such an incident.

- 3.3 The on Call manager has the responsibility of implementing this procedure immediately outside normal working hours
- 3.4 The Non-medical prescribing lead for TSDFT has the responsibility of ensuring the incident is appropriately reported and investigated liaising with the NHS England Area Team, clinical governance team, the prescriber and the prescriber's line manager. Please see flow chart attached as Appendix 2.

#### **4 Non arrival of ordered prescription forms**

- 4.1 The NMP Administrator will track the delivery status of prescription pads 5 working days after order is placed. This will be added to the calendar of the NMP administrator at the time the order is placed.
- 4.2 The non-medical prescribing administrator will complete an electronic incident form and prescription alert form available on ICON to send to the NHS England Area Team informing them of the non arrival of ordered prescription pads providing information of the date of despatch, number of pads ordered and address provided for the forms to be sent. The NHS England Area Team will then cascade this information to pharmacies and others as deemed appropriate.

#### **5 Loss of prescription forms**

- 5.1 On the identification that prescription forms are missing either lost or stolen the prescriber must inform the non-medical prescribing lead for TSDFT and their Line manager as soon as the loss is identified by telephone and email. The non-medical prescriber must provide the non-medical prescribing lead with details of the incident including the approximate number of prescription forms missing, their identification numbers, the date and where they were missing as per the flow chart at Appendix 2.
- 5.2 A Missing, Stolen and Altered Alert form, available on ICON (Forms/Community Nursing/Lost or Stolen Prescription Scripts), must be completed by the non-medical prescribing lead and sent to The NHS England Area Team via the email address stated at the bottom of the form, providing details of the incident including the approximate number of prescription forms stolen, their identification numbers, the date and where they were lost, as per the flow chart at Appendix 2. The NHS England Area Team will alert all community pharmacists across the peninsula (and out of area if required), dispensing GPs and Out of Hours, the name and business address of the prescriber and the approximate number lost prescription forms.
- 5.3 The prescriber must inform the police of the loss and obtain a police log number and this number should be included on the incident form

- 5.4 The prescriber must complete an incident form available on the TSDFT ICON site on the day the loss/theft is identified. Please select the following categories on the incident reporting system: Incident Category: Medication  
Incident Subcategory: Lost, Stolen Prescription Form(s)  
Prescription Type: Non-Medical Prescriber

## **6 Following the loss of prescription forms**

- 6.1 The prescriber will be requested by TSDFT to write and sign all prescriptions in a specified colour for two months from the date of the reported loss.
- 6.2 The non-medical prescribing lead will write to the prescriber and line manager of the prescriber informing them of the need to write and sign all prescriptions in a specified colour as advised by the medicines management team for two months from the date of reported loss.
- 6.3 A Root Cause Analysis will be undertaken to identify the root cause and contributing factors to the loss the prescription forms. Action plans will be put in place to address any contributing factors and monitored.

## **7 Training**

- 7.1 There are no specific training issues in relation to this procedure for those non-medical prescribers working across TSDFT.
- 7.2 TSDFT requires all non- medical prescribers to read and understand the non-medical prescribing policy and procedures for the Trust and agree to follow them in their prescribing practice.

## **8 Monitoring, Auditing, Reviewing & Evaluation**

- 8.1 The non-medical prescribing lead together with the line manager of the prescriber will look at the circumstances surrounding all incidents of “lost” prescription forms that might arise.
- 8.2 The Non-medical Prescribing Group will receive a written report of such incidents including a brief root cause analysis and any areas of learning will be shared and the procedure reviewed if necessary.
- 8.3 Once completed, the Incident Form will automatically be sent to the non-medical prescribing lead and local security management specialist.

8.4 Recommendations from all investigations will be implemented by the non-medical prescribing lead.

## 9 References

Medicines Matter – A guide to mechanisms for the prescribing, supply and administration of medicines  
DH July 2006

Our health, our care, our say: a new direction for community services  
DH January 2006

## 10 Distribution

- All service leads
- All Non-medical prescribers across TSDHCT including those based in General practice
- Medicines Management Team
- On call managers
- Zone managers
- Directors of TSDHCT

## 11 Appendices

[Appendix 1 – Telephone contact details relating to this procedure](#)  
[Appendix 2 – Missing/Lost/Stolen Prescription Form Flowchart](#)

## Appendix 1

# Torbay and South Devon NHS Foundation Trust

### Useful Contact Numbers

#### Non-medical Prescribing Lead

Helen Skinner  
Bay House  
Riviera Park  
Nicholson Road  
Torquay  
TQ2 7TD

( 01803 210486 Internal: 58486  
[helen.skinner3@nhs.net](mailto:helen.skinner3@nhs.net)

#### Non-medical Prescribing Administrator

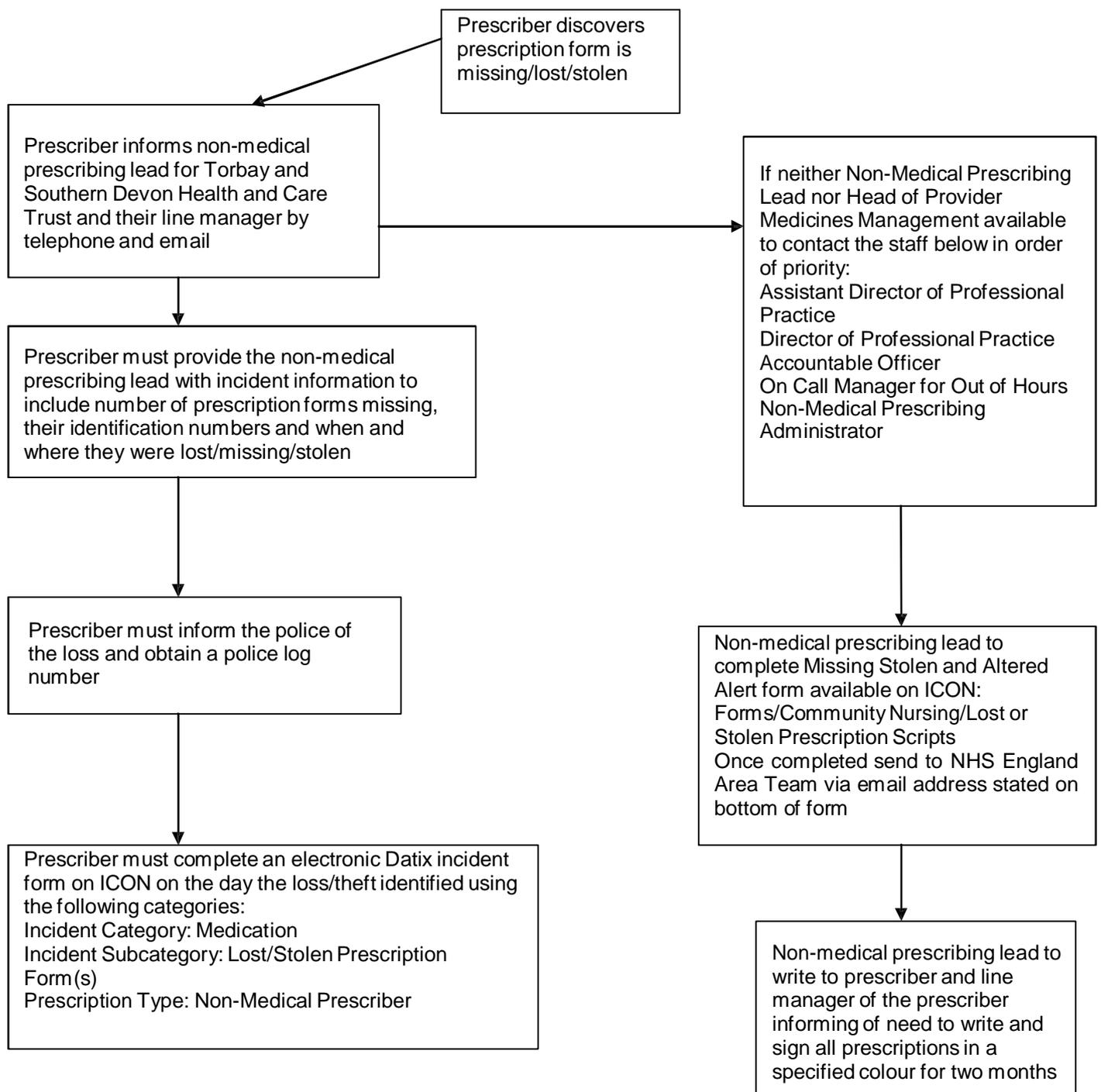
Nicola Beckett  
Bay House  
Riviera Park  
Nicholson Road  
Torquay  
TQ2 7TD

( 01803 210569  
[nicolabeckett@nhs.net](mailto:nicolabeckett@nhs.net)

**TSDFT prescribing code: R1G**

Appendix 2

**Missing/Lost/Stolen Prescription Form Flowchart**



## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.