

Document Type:	Standard Operating Procedure	
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Title:	Management of FP10 Prescription Pads for Non-Medical Prescribers (NMPs)	
Document Author:	Governance Pharmacist & Medication Safety Officer	
Applicability:	All staff handling FP10 prescription pads in the community	

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1. INTRODUCTION

Prescription form theft and misuse is an area of concern for the NHS as these forms can be used to obtain drugs illegally, often controlled drugs (CDs), for misuse. Most patients and staff legitimately obtain a signed prescription form from an authorised prescriber for a medical condition; however a small minority may attempt to obtain prescription forms illegitimately (e.g. by theft or fraud) to acquire drugs (particularly CDs for recreational use) and/or medical items or to sell the prescription forms illegally so that others might obtain drugs.

Because prescription form pads and single prescription forms are small items that are easy to move and conceal, detecting the theft of these items can be difficult. This means that these offences may not be noticed until long after they have occurred.

The prevention of incidents is the responsibility of all staff involved in the ordering, receipt, storage, transfer, access to and overall security and management of FP10 prescriptions used within the Trust.

NMPs are individually responsible for the ordering, storage and management of their own FP10 prescription forms. See Non-medical Prescribing Policy [G0684](#) and the Safe and Secure Handling of FP10 Prescription Forms Policy [G1545](#).

2. PURPOSE

The purpose of this document is to ensure the safe and secure management of FP10 prescription pads and individual forms owned by the Trust and used by NMPs.

3. ORDERING OF FP10 PRESCRIPTION PADS

Orders for supply of FP10 prescription pads will be placed only by the NMP administrator who is authorised by the Director of Pharmacy. Pads are supplied by Xerox Ltd through www.nhsforms.co.uk. Orders will be placed when requested by the NMP, with quantities determined as required for individual prescribers.

- 3.1. When a new prescriber is added to the TSDFT NMP register in a role which requires an FP10 prescription pad, the NMP administrator will notify the NHS Business Services Authority (NHSBSA) and prescription service of the prescriber's details.
- 3.2. Orders for a new prescriber's prescription forms can take place three days after the NHSBSA have been informed of the new prescriber.
- 3.3. The NMP administrator will initially order one pad of FP10 prescriptions for the prescriber on receipt of all the required documentation from the NMP.
- 3.4. The Pharmacy Department must hold an authorised specimen signature of all NMPs.
- 3.5. Subsequent FP10 prescription pads will be requested by the NMP via NHS email to the NMP Administrator who will then place an order for a maximum of 2 pads. All NMPs are responsible for keeping a copy of the email request.
- 3.6. On receipt of the request from the NMP to order subsequent pads, the NMP Administrator will submit an electronic order to the NHS shared business Services Camberwell House in Exeter. A separate email is sent to the prescriber to confirm the order.

4. RECEIPT OF FP10 PRESCRIPTION PADS

All prescription pads are despatched directly to the NMP Administrator's office. Prescription pads are received in a sealed package labelled with details of the consignment on the delivery note:

- Specialty name
- Number of pads
- Serial numbers of pads.

Upon delivery the NMP administrator will be notified immediately, and the package transferred to the designated secure storage area.

- 4.1. On receipt of the pad the NMP Administrator will break the seal, and the contents must be checked against the delivery note. Checks are made on:
 - Correct prescribers name and code stamped on the pad
 - Correct quantity for each prescriber

- Correct serial numbers
Each line on the note is checked, and if correct, it is dated and signed by the NMP Administrator.
- 4.2. The date of receipt, and details of the serial numbers of each pad are then recorded on a stock control form, the NMP Personal Prescription Pad Log Sheet (Appendix 1) which is held within the NMP's personal record.
- 4.3. The prescription pads will be stored in the designated locked cabinet.
- 4.4. Keys and access rights to the secure cabinet must be controlled at all times. The key will be kept in a locked drawer.
- 4.5. Prescription pads will be held for a maximum of 2 months from receipt and excluding any extenuating circumstances will be destroyed if not collected.

5. COLLECTION

The NMP Administrator will contact the NMP to arrange collection, in person, of the prescription forms.

Both the NMP administrator and the prescriber collecting the prescription pad will need to check first and last serial numbers on the pad – the prescriber will read out the numbers and the NMP administrator will ensure the serial numbers on the NMP's prescription log reflects what has been read out.

A witnessed signature of receipt will be required on the NMP's prescription log sheet.

Uncollected prescription pads will be destroyed after 2 months and the NMP Administrator will inform the prescriber and their line manager by email.

6. UNCOLLECTED FP10 PRESCRIPTION PADS

Uncollected prescription pads will be held for a maximum of 2 months after which they will be transferred from the NMP's prescription log sheet onto a dedicated 'NMP Prescription Pads Returned Pending Destruction Log Sheet' (Appendix 2).

The NMP Administrator will inform the prescriber and their line manager of the destruction by email.

(See section 9 for information on destruction process).

7. STOCK CHECKS

All stocks of FP10 prescription pads held must be checked once each month, as an integral part of the ordering process. This must be documented on the 'NMP Prescription Pad Stock Control Form' (Appendix 3).

8. RETURNS

All unused prescription forms relating to prescribers who have left or moved employment, who are no longer undertaking prescriber duties or are removed from the TSDFT NMP Register, must be returned to the NMP Administrator by the prescriber in person. The prescriber's line manager must ensure that this is completed before they leave the Trust or change role. The NMP Administrator will complete the 'NMP Prescription Pads Returned

Pending Destruction Log Sheet' (Appendix 2) whilst the prescription pads are awaiting destruction.

The NMP Administrator will arrange for their destruction and inform the NHSBSA that the prescriber is no longer carrying out prescribing duties.

9. DESTRUCTION

Destruction must be witnessed by a second member of staff. The NMP Administrator will:

- 9.1. Record the serial numbers of the forms destroyed on the 'NMP Prescription Pad Destruction Log' (Appendix 4)
- 9.2. Sign to say they are the person destroying the forms
- 9.3. Ensure the witness signs the 'NMP Prescription Pad Destruction Log' (Appendix 4)
- 9.4. Shred the prescription pads
- 9.5. Keep the records of prescription pads destroyed for at least 2 years.

10. NMPs RESPONSIBILITIES

Security

Prescribers are responsible for the security of prescription forms once issued to them, and must ensure they are securely locked away when not in use.

FP10 prescription pads can be stored in a designated locked drawer or cupboard, located in a locked room (not accessible to patients).

Patients, temporary staff and visitors must never be left alone with prescription forms.

Where there is a need to transport forms prescribers must take suitable precautions to prevent the loss or theft of forms, such as ensuring prescription pads are carried in an unidentifiable lockable carrying case/secure bag. Prescription pads must not be left on view in a vehicle.

Prior to leaving their base, prescribers must record the serial numbers of any prescription forms/pads they are carrying.

Prescribers must hold the minimum quantity of prescription pads needed to ensure the service needs.

Under no circumstances must prescription forms be pre-signed before use.

Use of Prescription Forms

FP10 forms must not be used routinely for outpatients attending Torbay hospital unless there are specific problems in presenting a prescription to the Outpatient Pharmacy during 'normal hours', or the Pharmacy is closed; 'inhouse' forms (White Outpatient or Yellow ED) should be used routinely when the Outpatient Pharmacy is open.

The use of FP10s to prescribe unlicensed medicines is discouraged, as there might be

difficulty in sourcing these items in the community, and the cost is often very substantially higher where dispensing is not undertaken 'in-house'. They must not be used to prescribe High Cost Drugs excluded from Payment by Results unless there is no alternative

Prescribers must work within their respective professional standards and code of conduct, and are accountable for their own actions and omissions. They must work within their own level of professional competence and expertise, and seek and make appropriate referrals to other professionals with different expertise where necessary. See Non-medical Prescribing Policy [G0684](#).

Recording

Prescribers must keep a record of the serial numbers of prescription forms issued to them personally.

- The first and last serial numbers of pads must be recorded on receipt and they must record the number of the first remaining prescription form in an in-use pad at the end of the working day.
- Where a book is used to record serial numbers it must be stored securely and separately to the FP10 prescription pads when not in use.

11. MISSING PRESCRIPTIONS

In the event of lost, stolen or unaccounted for prescription forms:

The prescriber must

- Notify the Pharmacy Department (Dispensary Manager / Operations Manager or deputy)
- Notify their line manager as soon as possible.
- Submit an incident report, recorded as a security incident, following the Trust Incident Reporting Procedure.

Following the loss of prescription forms the prescriber may be requested to write and sign all prescriptions in a specified colour for two months from the date of the reported loss.

The pharmacy must:

- Notify the NHS England Area Team by e-mailing a completed 'Missing, Stolen and Altered Prescription Alert' Form (Appendix 5) to alerts.scwcsu@nhs.net.
- Notify the nominated Alert Team members detailed in the relevant Pharmacy Operating Procedure.
- Telephone NHSE to confirm receipt of the email.
- Notify the Local Security Management Specialist (LSMS) by e-mailing a completed 'Missing, Stolen and Altered Prescription Alert' Form (Appendix 5)
- Notify the Local Counter Fraud Specialist (LCFS) by e-mailing a completed 'Missing, Stolen and Altered Prescription Alert' Form (Appendix 5)
- Notify the Controlled Drug Accountable Officer (CDAO)

For the non-arrival of prescription forms from Xerox Ltd. the NMP Administrator must

- Complete an electronic incident form
- Notify the NHS England Area Team by e-mailing a completed 'Missing, Stolen and Altered Prescription Alert' Form (Appendix 5) to alerts.scwcsu@nhs.net informing them of the non-arrival of ordered prescription pads (providing information of the date of order, 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.

The LSMS will

- Submit the notification form to NHS Protect.

The LCFS & CDAO will

- Decide on whether it is appropriate to report the loss to the police.
- Following the loss of prescription forms the prescriber may be requested to write and sign all prescriptions in a specified colour for two months from the date of the reported loss.

Appendices:

[Appendix 1](#) - NMP Personal Prescription Pad Log Sheet

[Appendix 2](#) – NMP Prescription Pads Returned Pending Destruction

[Appendix 3](#) – NMP Prescription Pads Returned Pending Destruction

[Appendix 4](#) – NMP Prescription Pad Destruction Log

[Appendix 5](#) – Missing, Stolen and Altered Prescription Alert

Appendix 2

NMP Prescription Pads Returned Pending Destruction

Name:	Registration number:	Base address:	Reason for leaving:	Date of leaving post:

Date prescription pads returned to NMP Administrator	Serial numbers of returned prescriptions	Returned by: (name)	Returned by: (signature)	Accepted by: (name)	Accepted by: (signature)



Missing, Stolen & Altered Prescription Alert

PRIVATE AND CONFIDENTIAL – NOT FOR VIEWING BY NON-NHS STAFF OR NON-AUTHORISED PERSONS

Date of Alert	
Web Availability	
Issued By	
Tel No.	

For Circulation to: (Please specify)	Community Pharmacies			
Prescribers Name:				
Prescribers Address:				
Prescribers Telephone Number:				
Prescriber will write in red ink until:				
Details of when the prescription went missing:				

Prescription details:

Prescription Serial Number:	
Prescription Type:	
Medication on prescription:	
Patients Initials & road of address:	

Action to be taken:

If you are presented with a possible stolen prescription please contact the prescriber on **(please insert as necessary)** or the police on 101 or 999 as appropriate.

Any pharmacy or dispensing practice detecting and retaining a fraudulent prescription, and informing the correct channels may be eligible for a reward payment of up to £70.00.

For further information regarding the reward scheme, please contact NHS Counter Fraud Service on 0800 068 6161.

Please return completed form to the NHS England Area Team via alerts.scwcsu@nhs.net who will ensure notification of stakeholders

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

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Date of issue:	17 November 2020	Next review date:	17 November 2023
Version:	1	Last review date:	
Author:	Governance Pharmacist & Medication Safety Officer		
Directorate:	Pharmacy		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinicals Policies Group Clinical Director of Pharmacy		
Date approved:	22 July 2020		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
17 November 2020	1	New	Care and Clinicals Policies Group Clinical Director of Pharmacy

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 ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/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.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favourably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Religion/Belief (non)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marriage/ Civil Partnership		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/>
Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.