

Standard Operating Procedure no. CL124.4	
Title: Ordering, storage, security and distribution of FP10 and FP10MDA prescriptions by registered professionals, non-registered professionals and named administrative staff within the Torbay Drug and Alcohol Service	
Prepared by: Karen Bennett	
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Links to policies:	TSDFT Policy for the Clinical Management of Substance Misuse in the Community: TSDFT Pharmacological Management of Substance Misuse in Community; Prescribing Guideline. TSDFT Non Medical Prescribing Policy (CL101.1)

Purpose of this document – To ensure that all prescriptions are ordered, secured and distributed legally, safely and efficiently within the Torbay Drug and Alcohol Service.

Scope of this SOP – Applicable to all clinical staff working within the Torbay Drug and Alcohol Service (nurses, social workers, doctors, addictions counsellors and allied health professionals, non-medical prescribers). Also applicable particularly to administrative staff with associated prescription responsibilities.

Competencies required – Induction and orientation to process delivered by other staff already deemed competent in this area.

Patients covered – all service users presenting to the Torbay Drug and Alcohol Service whose prescription is produced by Torbay Drug & Alcohol Service (i.e.: General Practitioner with special interests in substance misuse :GPwSpl , and non-medical Prescribers: NMP).

Procedure:

Ordering:

1. Stock level checks of prescription pads will be the responsibility of the senior team

administrator for the Torbay Drug and Alcohol Service (TDAS).

2. When stock has reached the level whereby a further order is required, the senior team administrator will requisition a further supply from the recognised supplier, (NHS Shared Business Services).

3. Prescriptions used within the service comprise of the following:-

- FP10SS (green prescriptions)
- FP10MDA (blue prescriptions for instalment dosing)

4. The order for the required amount of prescription pads should be e-mailed to the NHS Shared Business Services.

5. The senior team administrator will receive an email from NHS Business Services to confirm they have received the order. If an email is not received, the team administrator will contact NHS Business Services to ensure receipt and resend e-mail if necessary.

6. Purple FP10 prescriptions used by non-medical prescribers have their own processes for ordering and are governed by the TSDFT policy on non-medical prescribing (CL101.1). This SOP does not replace the processes for the ordering of these prescriptions.

7. In the event that the order has not been received within 2 weeks, the senior team administrator will contact the supplier to ascertain if there has been any delay or oversight. In the event that it is apparent that the order has been sent, but not received then the lost prescription protocol will apply.

8. Prescriptions pads will be delivered to the team base. It will be the responsibility of the TDAS senior team administrator to notify the supplier should this address change for any reason.

9. Prescriptions are accompanied by a form detailing the prescription numbers inclusive of the first and last numbers in each pack. These numbers will be recorded in the prescription orders file and stored by the senior team administrator with the blank prescription pads stored in the safe.

10. The form accompanying the prescription pads must be completed and an e-mail returned to the supplier confirming receipt of delivery, this is signed by the senior team administrator.

Storage/prescription generation and distribution:

11. All blank prescription pads are kept in the safe at all times unless being used by the senior team administrator/prescribing coordinator to produce prescriptions.

12. The safe will be kept locked AT ALL TIMES when access is not required by the

senior team administrator/prescribing coordinator. The access code for the safe will not be shared without prior authorisation by the service manager for the TDAS.

13. Computer generated prescriptions will be produced by the prescribing coordinator at designated “script runs” in the main, using the recognised prescribing software module on HALO (the commissioned electronic case management tool for substance misuse services). This should never be carried out in an area with public access and must always be done in a secure area.

14. Once the prescription has been printed, this is placed onto the prescription file of the designated prescriber for signing. These should be stored securely in the safe in the drugs team room until handed to the prescriber.

15. Prescriptions which are generated in error should be destroyed by shredding, witnessed by two members of staff, and a record made of this on HALO, detailing the following:-

Name of service user

- Prescription number
- Start date of prescription
- Date shredded

16. Unused blank prescriptions must be placed back into the safe and not left on general display.

17. Once the prescription has been signed by the prescriber, the senior team administrator will then scan all scripts in order to keep a record of prescription number and save this to a file named “scanned prescriptions” on the shared drive.

18. The senior team administrator is responsible for ensuring that all prescriptions are posted to the designated pharmacy in the first instance unless there is good reason not to do so. The only possible exceptions to this being:-

- Initial prescriptions for service users at their first appointment with the prescriber. In exceptional circumstances, an agreed “holiday” prescription to collect in advance from a Torbay pharmacy or for collection at another destination (within the UK only).
- Where the prescription collection frequency needs to be altered urgently, (such as reverting to daily supervised consumption where clinical risk exists, and not to do so immediately would heighten that risk).

The pharmacy should be contacted in advance by the keyworker/prescriber to communicate the arrangements for a hand delivered prescription being presented to them for dispensing.

19. Posted prescriptions will be recorded as “posted” on HALO.
20. Prescriptions delivered by hand by staff to the pharmacy will be recorded as “hand delivered” and recorded on HALO.
21. Prescriptions given to the service user face-to-face will be recorded on HALO as “given to service user” and dated. A photocopy of the prescription will be made, and this should be signed by both the service user and the staff member.
22. Prescriptions to be posted to pharmacies will be coordinated at reception. The prescriptions will be kept in a locked drawer prior to posting.
23. Prior to posting, a report will be taken from HALO detailing service user names and how many prescriptions assigned. This list will be added into allocated pharmacy envelope to allow pharmacy to check the envelope includes all prescriptions listed. This will be generated by the senior team administrator.
24. All posted prescriptions will be sent first class and weighed to ensure correct postage is added, 2 weeks in advance of the commencement date.
25. In exceptional circumstances where prescriptions are handwritten, the prescriber will ensure that a photocopy of the prescription is made before issuing the prescription. The photocopy will be forwarded to the prescribing coordinator to enable the necessary changes to be made on the HALO prescribing system to ensure continuation of repeat prescriptions.

Alterations to pre-agreed prescriptions:

26. Requests for urgent changes to the prescription should be considered carefully. For holiday prescriptions to be issued, this should usually be a planned activity, and therefore a 7-day notification will be required.
27. Any requests for urgent changes in the prescription should be made on the basis of clinical judgement and applied consistently. Verification may be requested (such as in the instance of a request made due to working commitments or holidays) in order to agree to this.
28. All change requests are to be agreed with responsible prescriber and then forwarded to the prescribing coordinator or deputy in their absence. This information needs to include: Service user name, service users identification number, pharmacy name, medication, current dose and current collection arrangements- no changes will be made until the above information has been given. It will be the prescribing coordinator (or nominated deputy in their absence) responsibility to print off the prescription once changes have been made.
29. Suspensions of prescriptions due to non-compliance with treatment can only be reinstated by following a medical review. This may be done by any independent prescriber (GPwSpl or NMP) within TDAS.
30. Prescriptions SHOULD NOT commence on Saturdays due to the difficulties

arising if the prescription does not arrive at the pharmacy. The prescribing coordinator will refer this to the service manager should it occur.

31. The only instance in which a prescription may commence on Saturdays is when the service user is on a weekly collection and is insistent that they do not want to change their collection day due to their commitments. Keyworkers to ensure this is recorded on HALO.

Lost prescriptions:

32. Prescriptions given to service users which are subsequently reported as lost will not usually be replaced unless there are exceptional and/or verifiable circumstances involved. On occasion, a balance of risk may need to be considered if not replacing the prescription may cause significant harm to the service user or another and may fundamentally impair the recovery of that individual.

33. In the event that a prescription is lost and not replaced, (as above), then a medical review will be arranged within 7 days with an independent prescriber (GPwSpl or NMP), to discuss any possible reinstatement.

34. Prescriptions posted to the nominated pharmacy which fail to arrive and are verified as such by the pharmacy concerned can be replaced. The keyworker will be responsible for making this check. This includes checking on the module in HALO (with the senior team administrator and or prescribing coordinator) that the prescription has been generated as well as liaising with the appropriate pharmacy.

35. Where it has been confirmed that the prescription has been generated and posted to the nominated pharmacy or given to the service user, the lost prescriptions procedure will be followed, and an incident raised on the Trust Electronic Incident Reporting System.

36. Medication reported as lost, stolen or accidentally spilled by a service user will not be replaced unless observed by a relevant health or social care professional (eg: in cases where the service user has dropped and broken their methadone bottle in sight of the pharmacy staff).

37. Pharmacists will not accept a faxed prescription as replacement in any of the above circumstances.

38. In the event of any disagreement or difficulty the matter should be referred to the service manager or deputy in their absence, for the TDAS for resolution.

39. The Torbay Cascade Alert System procedure for reporting lost prescriptions will be initiated in all cases of reports of a lost prescription the e-mail alert should be sent to alerts.scwcsu@nhs.net. The information required is included on a standard template and attached as appendix 1 to this SOP.

Errors:

40. Prior to dispatch, the senior team administrator, prescribing coordinator,

prescriber and keyworker (if involved) should all check that the prescription wording, figures, signing and dating are all correct in order to avoid prescriptions being produced in error in the first instance.

41. Pharmacists will under no circumstances be able to dispense medication with a verbal instruction over the telephone or dispense from a faxed prescription. Any change will require a new prescription to be produced.

42. In cases where an error has gone undetected and is reported by a pharmacist, TDAS will endeavor to provide a replacement prescription with minimal delay and raise an incident on the Trust Electronic Incident Reporting System.

Monitoring tool

Standards

Item	%	Exceptions
Prescription correctly produced	100	Nil
Prescriptions delivered on time	100	Nil
How will monitoring be carried out?	Via Medicines Controlled Drugs Safety Group, Pharmacy Harm Reduction Panel, Quality Service Performance and Internal Audits.	
When will monitoring be carried out?	Annually (or sooner if indicated)	
Who will monitor compliance with the guideline?	PHRP & QSP, Service Manager TDAS	

References

N/A

Missing, Stolen & Altered 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			
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Prescribers Details:

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:	

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.

Action to be taken:

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

IF URGENT OR PATIENT OR PUBLIC SAFETY IS AT RISK TELEPHONE THE POLICE ON 101 OR 999