

MP15

FP10 PRESCRIPTIONS

Contents

1.0	Policy Statement (Purpose / Objectives of the policy).....	2
2.0	Definitions	2
2.1	Glossary of Terms.....	2
3.0	Accountabilities	3
4.0	Policy Detail	4
4.1	Prescribing on FP10 prescription forms	4
4.2	Management of FP10 Prescription stock within pharmacy	8
4.2.1	Pharmacy ordering FP10 prescription forms from the supplier	8
4.2.2	Recording receipt of delivery of FP10 prescription forms by pharmacy	9
4.2.3	Storage and security of FP10 prescription forms within pharmacy	9
4.3	Management of FP10s for prescribing teams and individual medical or non-medical prescribers	9
4.3.1	Ordering of new FP10 prescription forms	9
4.3.1	Re-ordering of FP10 prescription forms	10
4.3.2	Collection of FP10 prescription forms from Pharmacy	10
4.3.3	Changes to, or termination of, FP10 prescription forms.....	10
4.3.4	Storage and security of FP10 prescriptions	10
4.3.5	Spoiled prescriptions.....	12
4.4	Destruction and disposal of FP10 Prescription Forms	13
4.5	Lost, Stolen or Suspected Fraudulent Use of FP10 Prescription Forms	13
4.6	Audit of FP10s	15
5	Financial Risk Assessment.....	15
6	Equality Impact Assessment	15
7	Maintenance.....	16
8	Communication and Training.....	16
9	Audit Process	16
10	References - Legal, Professional or National Guidelines.....	16
	Part A - Document Control	18

Attachments:

[Attachment 1 - Form 1: New Pad Request Prescribing Team or Medical Prescriber](#)

[Attachment 2 – Form 2: New Pad Request - Non-Medical Prescriber](#)

[Attachment 3 – Form 3: Change or Termination of FP10 Prescription Pad](#)

[Attachment 4 – Form 4: FP10 Prescription Pad Order Summary](#)

[Attachment 5 – Form 5: FP10 Prescription Audit Sheet](#)

[Attachment 6 – Form 6: Risk Assessment for the Security of FP10SS \(single sheet\)](#)

[Attachment 7 – Form 7: Flow Chart Lost or Stolen Actions](#)

[Attachment 8 – Form 8: Lost or Stolen FP10 Prescription Form Incident Reporting Record](#)

[Attachment 9 – Form 9: Incident Response Summary to Lost, Stolen or Fraudulent Use of Prescription Forms](#)

[Attachment 10 – Form 10: Local Alert – Lost or Stolen FP10 Prescription Forms](#)

[Attachment 11 – Form 11: Referral Form for Local Counter Fraud Specialist](#)

[Attachment 12 – Form 12: FP10 Security Audit](#)

1.0 Policy Statement (Purpose / Objectives of the policy)

FP10 prescription forms are controlled stationery. Prescription forms are assets as they have a financial value, and a blank form is open to misuse.¹

This policy has been written to promote a safe and secure system for the management of FP10 prescription stationery within the Trust. It fulfils the guidance set by the NHS Business Services Authority and the NHS Counter Fraud Authority (NHSCFA): Management and control of prescription forms, March 2018.¹ The purpose of this policy is to ensure FP10 prescriptions are used in an appropriate and consistent manner within the Trust. The security and issuing of FP10 prescriptions laid out in the policy are to minimise the risk of prescription pads being lost, stolen or used in an unauthorised way.

2.0 Definitions

2.1 Glossary of Terms

Table 1: Glossary of Terms

RWT	The Royal Wolverhampton National Health Service Trust
NHSCFA	National Health Service Counter Fraud Authority
ODS	<p>Organisation Data Service</p> <p>Issues and manages unique identification codes (ODS codes) and accompanying reference data for organisations that interact with any area of the NHS.</p>

NHSBSA	National Health Service Business Services Authority
CPE	Community Pharmacy England
LCFS	The Local Counter Fraud Specialist: an accredited counter fraud professional who delivers both proactive work (e.g. raising fraud awareness, preventing and deterring fraud) and reactive work to hold those who commit fraud to account (e.g. fraud investigations).
Xerox (UK) Ltd	The company contracted to supply of prescription forms within the NHS.
CDAO	Controlled Drug Accountable Officer
Prescribing team	This term refers to a specific prescribing clinical service which will be named on the FP10 prescription pads/single sheets, e.g. in hospitals prescribers commonly use a shared pad and the prescriber code is specific to the site/clinical service where several prescribers are working, rather than an individual.
Medical prescriber / Dental prescriber	Prescribing by doctors and dentists. In this policy this is used to describe a medical prescriber using an individual pad which is not shared by other prescribers. When medical prescribers are using a shared prescription pad for a clinical service the term prescribing team is used.
Non-medical prescriber (NMP)	<p>Prescribing by other professional groups apart from doctors and dentists. In this policy this is used to describe a non-medical prescriber using an individual pad which is not shared by other prescribers. When NMP's are using a shared prescription pad for a clinical service the term prescribing team is used.</p> <p>NMP includes: Independent and supplementary prescribers: Nurses, Midwives, Pharmacists, Physiotherapists, Podiatrists, Paramedics, Optometrists, Therapeutic Radiographers.</p> <p>Supplementary prescribers only: Diagnostic Radiographers, Dieticians.</p> <p>Community Practitioner Prescribers: Nurses (e.g. Health visitors and District Nurses)</p>

3.0 Accountabilities

Trust Chief Executive and Clinical Director of Pharmacy

The Trust Chief Executive is responsible for ensuring that medicines management within the Trust always conforms to best practice. This responsibility is delegated to the Clinical Director of Pharmacy, who is the medicines management lead for the Trust. They are the designated responsible person in the Trust with overall responsibility for overseeing the ordering, receipt, storage, transfer, access, monitoring and overall security of prescription stationery.

Clinical Leads

Responsibility for the security and storage of prescriptions forms in a clinic or ward area remains with the Clinical Lead for the area. Clinical Leads are responsible for shared prescription pads used by prescribing teams. The task may be delegated to other members of staff, responsibility cannot.

Prescribers

FP10 prescription forms may only be used by prescribers employed by the Trust. Junior doctors and specialist doctors working for a consultant will use, with his/her/their consent, the consultants' prescription forms. Non-medical prescribers may use prescription forms in accordance with [MP07: Non-Medical Prescribing Policy](#).

All prescribers are responsible for keeping up to date with policies and procedures relevant to prescribing, and compliance with their requirements.

Authorised staff handling FP10 prescription forms will be held accountable for the security of prescription forms whilst in their possession. Medical, dental and non-medical prescribers are responsible for their individual named prescription pads.

Pharmacy Staff

Pharmacy staff monitor and provide assurance that all FP10 prescription forms are stored, recorded and used appropriately by undertaking FP10 audit. Designated pharmacy staff are responsible for the ordering and issuing of FP10 prescription forms to teams within the trust in accordance with this policy and departmental procedures.

RWT Primary Care Network

The management of FP10 prescription stock within the Primary Care Network is not covered by this policy and local policies and standard operating procedures should be followed.

4.0 Policy Detail

4.1 Prescribing on FP10 prescription forms

- Prescribing on FP10 prescription forms must be in accordance with the Trust [Medicines Policy MP01 – Prescribing, Storage and Administration of Drugs](#) and other RWT medicines policies and procedures as appropriate.

- For the use of FP10 prescription forms by non-medical prescribers this guidance must be read in conjunction with [Medicines Policy 07 - Non-Medical Prescribing Policy](#).
- FP10 prescription forms must only be used by authorised prescribers employed to work within The Royal Wolverhampton NHS Trust and only for RWT patients in their care.
- FP10 prescription forms must be annotated with the type of prescriber issuing it.
- FP10HNC prescriptions must only be used for hospital patients registered with The Royal Wolverhampton NHS trust e.g. have a designated hospital number.
- FP10 prescription forms must never be used for self-prescribing or for the treatment of colleagues, family or friends.
- Blank prescriptions must never be pre-signed to reduce risk of misuse.
- The use of FP10 prescription forms on Trust hospital sites will be limited to situations where the patient has an immediate clinical need, and the out-patient pharmacy is closed, or it would be unreasonable to ask the patient to collect their prescription from the out-patient pharmacy.
- An approved or generic name must always be used, except where brand specific prescribing is required for safety reasons, e.g. certain antiepileptic medicines.
- Supply should be limited to a maximum of 28 days unless deemed appropriate to supply more to complete the course of medication.
- Only medications on The Black Country Formulary or Wolverhampton Formulary may be prescribed.
- EPACT data will periodically be analysed by Pharmacy to ensure prescribing on FP10 prescription forms is appropriate.
- “Off-label” and unlicensed medicines may only be prescribed in accordance with the trusts [Medicines Policy MP02 - Unlicensed and Off-Label Medicines Policy](#).
- The following legal requirements³ apply when writing prescriptions:
 - Written legibly in ink or otherwise indelible
 - Name and address of the patient
 - The date of birth if the patient is under 12 years of age (however this is good practice for all prescriptions)
 - Weight for children
 - Address of prescriber
 - Signed in ink by the prescriber

- Appropriate date
- Type of prescriber

Guidance on prescription requirements and standards can be found in the BNF.

- Please see [MP 01 - Prescribing, Storage and Administration of Drugs](#) for additional guidance.
- Prescriptions for controlled drugs have additional legal requirements, please see [MP01 Medicines management procedure 001 – Procedure for the Handling of Controlled drugs on wards and departments.](#)

Table 1 summarises the types of FP10 prescription forms in use at RWT. Other types of FP10 prescription pad may be requested following prior approval by the Clinical Director of Pharmacy.

Table 1: Types of FP10 prescription forms in use at RWT, and the associated ordering process			
Prescription name and colour	Prescriber type	Additional information	Corresponding Form
FP10SS	Any prescriber	<p>FP10SS are single sheet prescriptions which can be used in printers named by specialty and location, e.g. Urgent Care Centre, Pheonix Walk-In Centre.</p> <p>They are delivered from Xerox (UK) Ltd. In batches of 2000 and are broken down by Pharmacy into batches of 50 for supply.</p>	Form 1: Prescribing Team or Medical Prescriber FP10 Prescription Registration Form
FP10NC	Medical prescriber	Pad of 50 prescriptions named by specialty and location, e.g. Outpatient clinics and Emergency Department.	Form 1: Prescribing Team or Medical Prescriber FP10 Prescription Registration Form
FP10HNC	Prescribing teams	Only used for patients registered at RWT i.e. with a designated hospital number.	
FP10D	Dentist	Only items listed in the Dental Formulary can be prescribed.	Form 1: Prescribing Team or Medical Prescriber FP10 Prescription Registration Form
FP10PN	Community practitioner nurse prescriber Nurse independent/ Supplementary prescriber	<p>Pad of 50 prescriptions, named with prescribers' name.</p> <p>Unless annotated with independent/ supplementary prescriber, only items listed in the nurse formulary can be prescribed on this prescription.</p>	Form 2: Non-Medical Prescriber FP10 Prescription Registration Form
FP10SP	Independent prescriber Supplementary prescriber		
FP10P-REC (Non-FP10 supply form)	Out of Hours (OOH) Centre prescribers	Used by OOH providers to record items supplied directly to a patient and not dispensed through a community pharmacy. These forms, are submitted to NHSBSA directly by the OOH provider through their own account.	Form 2: Non-Medical Prescriber FP10 Prescription Registration Form

See [Form 4](#) for a summary of the FP10 prescription form ordering process

Adapted from cpe.org.uk - see for more information about types of prescriptions and prescribing requirements.²

Image 1: Example FP10 Prescription Form

Pharmacy Stamp		Age	Title, Forename, Surname & Address	
		D.o.B		
Number of days' treatment N.B. Ensure dose is stated				
Endorsements	Prescription e.g. <i>Ramipril 5mg tablets</i> <i>5mg once daily</i> <i>Supply 28 tablets</i>			
Signature		Date		
For dispenser No. of Prescns on form	Prescribing teams/ Prescribers name and address		Prescriber cost code	
1				
		Prescription 11 digit serial number	Prescription type e.g. FP10HC	Location cost code

The first 10 numbers are the serial number (these numbers run in sequence); the last (the 11th) character is a check digit and does not run in sequence. ¹

4.2 Management of FP10 Prescription stock within pharmacy

NB: The management of FP10 prescription stock within the RWT Primary Care Network (PCN) is not covered by this policy. Local PCN policies and standard operating procedures should be followed.

4.2.1 Pharmacy ordering FP10 prescription forms from the supplier

- Xerox (UK) Ltd is the company contracted for the supply of FP10 prescription forms within the NHS.
- FP10 prescription forms must be ordered by non-clinical, non-prescribing members of the pharmacy procurement team who are registered with, and verified by, the NHSBSA. Any changes in these registered individuals must be notified to the NHSBSA.

- An in detail procedure for ordering FP10 prescription forms from Xerox (UK) Ltd can be found in local Pharmacy Standard Operating Procedures.

4.2.2 Recording receipt of delivery of FP10 prescription forms by pharmacy

- Xerox (UK) Ltd will print the requested prescription forms and securely deliver to the agreed delivery point – Pharmacy Delivery Bay C31 New Cross Hospital, Wolverhampton Road, Wolverhampton, WV10 0QP.
- An in detail procedure for recording delivery of FP10 prescription forms from Xerox (UK) Ltd can be found in local Pharmacy Standard Operating Procedures.

4.2.3 Storage and security of FP10 prescription forms within pharmacy

- Deliveries of FP10 prescription forms must not be left unattended or unsupervised.
- Received orders must be checked, and booked onto the Pharmacy Ascribe system as soon after delivery as possible.
- The prescriptions must be stored in the nominated locked cabinet within the Pharmacy Department.
- An in detail procedure for storage and security of FP10 prescription forms from Xerox (UK) Ltd can be found in local Pharmacy Standard Operating Procedures.

4.3 Management of FP10s for prescribing teams and individual medical or non-medical prescribers

4.3.1 Ordering of new FP10 prescription forms

- Only staff working in Community Services and clinics based off the hospital sites will be permitted to have individually named pads. All other prescribers will be required to share the use of the prescribing team pad.
- Prescribing teams and medical prescribers must be registered with the NHSBSA to allow the order of FP10 prescription forms in their name via Xerox (UK) Ltd. To register with the NHSBSA please complete: [Form 1: Prescribing Team or Medical Prescriber FP10 Prescription Registration Form](#) and email to rwh-tr.prescriptionpadrequest@nhs.net once approved by the Clinical Director.
- Non-medical prescribers must be registered with NHSBSA to allow the order of FP10 prescription forms in their name via Xerox (UK) Ltd. Please complete: [Form 2: Non-Medical Prescriber FP10 Prescription Registration Form](#) and email to rwh-tr.prescriptionpadrequest@nhs.net once approved by the appropriate non-medical prescribing lead.

- The RWT NHSBSA prescribing code is RL4.
- Each prescriber/prescribing team will then be allocated an individual identifier code which will be pre-printed on the prescription with contact details.
- For newly registered prescribers/prescribing teams requests must be made well in advance (at least 4-6 weeks) to allow time for the registration, printing, and supply process.

4.3.1 Re-ordering of FP10 prescription forms

- Orders for repeat prescription pads should be made using the following process:
 - Complete the order section on page 2 of the prescription audit sheet [Form 5: FP10 Prescription Audit Sheet](#)
 - Scan the completed prescription audit sheet and email to rwh-tr.prescriptionpadrequest@nhs.net
 - Orders placed by Friday, will be processed on Monday of the following week.
- Allow a minimum of 14 days between ordering and collection from Pharmacy.
- It is the responsibility of the clinical area lead/ medical prescriber /non-medical prescriber to ensure that there are sufficient FP10 prescription forms available for anticipated requirements. Pharmacy will not maintain a stock of individually named pads, and will hold a small emergency stock of prescribing team pads.

4.3.2 Collection of FP10 prescription forms from Pharmacy

- When collecting FP10 prescription forms a valid trust ID badge is required. The individual will be required to sign for the prescriptions on collection.
- Each FP10 prescription pad is released as a pad of 50 forms.
- FP10SS (single sheet) prescriptions will be broken down by Pharmacy Preparatory Services into batches of 50 forms for supply.

4.3.3 Changes to, or termination of, FP10 prescription forms

- If there are any changes made to a prescribing team, individual medical prescriber or a non-medical prescriber (e.g. location, change of name, termination of contract), or a prescription pad should be decommissioned, the pharmacy team must be informed by completing [Form 3: Change or termination of FP10 Prescription Forms](#). Email the completed form to rwh-tr.prescriptionpadrequest@nhs.net

4.3.4 Storage and security of FP10 prescriptions

- Once the prescriptions are supplied to the prescriber or prescribing team the security responsibility lies with the prescriber (for individual or non-

medical prescriber pads) or the service manager (for prescribing team pads). Responsibility for the management of prescriptions used in a clinical area by a prescribing team can be delegated by the service manager to an appropriate member of staff but the service manager will remain accountable for the security and audit trail of the pads.

- The prescriber/service manager must ensure the prescriptions are locked away when not in use. Prescription storage areas must be, as a minimum, a locked cupboard within a lockable room. Keys for the prescription storage area must be stored securely, issued in a control manner and the details of the person using them recorded.¹
- Prescriptions must never be left unattended.
- Patients, temporary staff and visitors must never be left alone with prescription forms or allowed into secure areas where forms are stored.
- Prescribers must only remove from storage the number of prescriptions they are expected to use and return any unused prescriptions promptly.
- Single sheet prescription forms (FP10SS) are acceptable in handwritten form and therefore must not be left in printer trays unattended, including overnight.
- A risk assessment must be taken regarding the use of FP10SS in printers. [Form 6: Risk assessment for the security of FP10SS in clinical services.](#)
 - The following factors must be considered:
 - Where the printer is located
 - Who has access to the area
 - Whether the area is shared with another service
 - Level of surveillance in the area.
- To prevent theft from the printer tray consideration must be given to fitting a security device to the printer or replacing the printer with a lockable tray and/or moving the printer to a secure area.
- Where possible all unused forms must be returned to stock at the end of the session/day. They must not, for example, be left in patients notes.
- Prescribers working in the community must take suitable precautions to prevent the loss or theft of forms. All prescription pads must be stored safely and securely. [The Trust Information Governance Policy \(OP13\)](#) must be adhered to at all times.
- During home visits, staff must take precautions to keep their prescription forms out of sight when not in use. This includes not leaving prescription forms on view in a vehicle. If prescription forms must be left in a vehicle, the forms must be stored in a locked compartment such as a car boot and the vehicle should be fitted with an alarm. Prescriptions must never be left in a vehicle overnight.¹

- Prescribers on home visits must also, before leaving the team base, record the serial numbers of any prescription forms they are carrying on [Form 5: FP10 prescription Audit Sheet](#).
- Only a small number of prescription forms must be taken on home visits.
- Unused prescribing team prescriptions must be returned to the trust team base at the end of the day. If this is not practical then the member of staff is responsible for ensuring prescriptions are kept secure overnight and returned the following day.
- It is advisable for all areas to hold minimal stocks of prescription stationery. This reduces the number of forms vulnerable to theft and helps to keep stock up-to-date.
- For prescribing teams the service manager must ensure that there is an audit trail of the FP10 prescription forms supplied to those within the team. Records of the serial numbers of issued prescriptions must be maintained for audit trail and security purposes. The records must be stored for a year from the last entry on the form [Form 5: FP10 Prescription Audit Sheet](#). See image 2 below for an example.
- Individual prescribers must keep a record of the serial numbers issued to them. The first and last serial number (11 digit number at the bottom of the prescription see *Image 1*) on the pad must be recorded. [Form 5: FP10 Prescription Audit Sheet](#)
- For FP10SS the audit sheet supplied by Pharmacy with the prescription forms must be used.

Image 2 - Worked example of Form 5: FP10 Prescription Audit Sheet.

MP 15: FP10 Prescription Policy Appendix 6 - Prescribing Team Prescription Audit Sheet										 The Royal Wolverhampton NHS Trust	
Prescribing Team or		Neonatal									
Individual Prescribers Name											
Received by (name and signature):		J Smith <i>J Smith</i>			Date:	#####	Stored by (name and signature):		F Jones <i>F Jones</i>		
Prescription Pad code (RL or Y)		RL1234Z			Audit sheet No: <i>(to be completed by Pharmacy)</i>			1			
First Prescription Form Number:		4030844001			Last Number		4030844050				
No.	Prescription Form Serial Number (1st 10 digits)	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)	
			Issued	Initials	Cancelled	Initials	Destroyed	Initials			
1	4030844001	17/10/2024	✓	MS					M Singh	5/7 amox	
2	4030844002	17/10/2024			✓	MS			M Singh	pt declined	
3	4030844003										

4.3.5 Spoiled prescriptions

- If an error is made on a prescription the best practice is to do one of the following¹:

- Cross out the error, initial and date, then write the correct information.

OR

- Put a line through the script and write 'spoiled' or 'void' on the form.
Record on the audit sheet form [Form 5: FP10 Prescription Audit Sheet](#)
- The spoiled form must then be stored in the secure cupboard pending destruction. (see 4.4 Destruction and disposal of FP10 Prescription Forms)

4.4 Destruction and disposal of FP10 Prescription Forms

- FP10 prescription forms which are no longer in use must be cross shredded and disposed of in confidential waste.
- The prescriptions must be destroyed and disposed of by an appropriate person and witness (e.g. prescriber and service manager/pharmacy staff)
- The destruction must be recorded on the audit trail form see [Form 5: FP10 Prescription Audit Sheet](#)
- The record must include the following information:
 - Serial number of the individual form (or the first and last number on the pad to be destroyed.)
 - Name and signature of authorised prescriber destroying FP10s
 - Name and signature of witness
 - Date
- The destruction record must be retained for 1 year from the last entry on the form.

4.5 Lost, Stolen or Suspected Fraudulent Use of FP10 Prescription Forms

- If FP10 prescription forms are lost, stolen or are suspected to have been fraudulently used a trust incident report must be created as soon as possible.
- All relevant details of the lost, stolen or fraudulent forms must be recorded to aid the investigation including:
 - Date and time of loss or theft, or suspected fraudulent use
 - Date and time of reporting loss or theft, or suspected fraudulent use
 - Place where loss or theft or suspected fraudulent use occurred
 - Type of prescription form
 - Number of forms lost or stolen
 - Serial numbers of lost, stolen or fraudulently used forms
 - Prescribing team or individual prescribers name and location code
 - Details of who was alerted to the incident.

- Complete [Form 8: Lost, Stolen or Fraudulent Use FP10 Prescription Form Incident Reporting Record](#) and inform your nominated pharmacist. The form must be emailed to rwh-tr.prescriptionpadrequest@nhs.net .
- The pharmacist will inform the Clinical Director of Pharmacy/Controlled Drug Accountable Officer (CDAO). In the absence of the CDAO, the Assistant Clinical Director of Pharmacy or senior (lead) pharmacist for the clinical area must be informed.
- The missing forms should be clearly marked on the FP10 prescription audit sheet [Form 5: FP10 Prescription Audit Sheet](#) .
- If theft is confirmed, e.g. break in at premises, or theft of a car, Trust security must be informed and the police must be notified as soon as possible.
- If fraudulent use of FP10 prescription forms is suspected, [GP02](#) – Anti-fraud and Anti-Bribery Policy must be followed.
- The Trust has a zero tolerance approach to fraud. Where FP10 fraud by an RWT Employee is confirmed, they may face:
 - Disciplinary action
 - Civil action
 - Criminal prosecutions
 - Action by relevant regulatory body
- The Local Counter Fraud Service must be informed. Information about the service can be found on the Trust intranet, under Departments & Services > L > Local Counter Fraud Service.
- The Black Country Integrated Care Board must be notified. Complete Form 10: Local Alert Lost or Stolen FP10 Forms and email to bcicb.medicines@nhs.net .
- Please see [Form 7: Flow Chart Lost or Stolen Prescription Forms](#) for the actions which should be taken in response to lost or stolen prescription forms.
- The actions which must be taken, and the persons responsible for ensuring the appropriate actions are followed, in the event of prescription forms going missing are summarised in Form 9: Incident Response Summary to Lost or Stolen FP10 Prescriptions Forms.
- If a local/national alert is required to be sent out [Form 10 Local alert– lost or stolen prescription forms](#) is to be used to ensure the local pharmacies etc. have the correct information.

4.6 Audit of FP10s

- Up to date and unambiguous records of FP10 use must be maintained in order to allow a full audit trail in the event of any incident. Records must be maintained using [Form 5: FP10 Prescription Audit Sheet](#) which has been provided by Pharmacy at the point of prescription pad supply.
- Service managers must perform a monthly stock check of prescription forms held through reconciliation of the forms with the audit sheets supplied.
- Pharmacy will perform randomly selected annual audits on the security of FP10 prescription forms in clinical areas as per [Form 12: FP10 Security Audit](#).
- FP10SS prescription form use will be audited by Pharmacy Preparatory Services on return of the audit paperwork when requesting re-supply.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment

The proposed policy does not impact on the race equality duty and equality and diversity legislation.

An equality analysis has been carried out and it indicates that:

Tick	Options
X	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include:

7.0 Maintenance

The Clinical Director of Pharmacy is responsible for keeping the policy up to date. Any revisions to the policy will be reviewed by the Trust's Medicines Management Group before being submitted through the Trust's policy approval procedure.

8.0 Communication and Training

There is no specific training requirement for this policy.

The policy will be available on the Trust intranet > Strategies and Policies > Clinical Policies, Procedures Guidelines > Medicines Policies > MP15

The policy will be communicated to staff through Trust Brief, Divisional and Directorate meetings, and each time staff / teams request a new prescription pad.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
FP10 prescription: Receipt and Issue in pharmacy	Pharmacy	Audit of receipt and issue of paperwork Stock check against computer record	Quarterly Monthly	Pharmacy Governance
FP10 prescription : Receipt Issue Audit trail completion	Pharmacy	Review of Form 5 completion – Datix submission for gaps and discrepancies	Variable – audit each time Form 5 is submitted for new pad issue	Medicines Safety Group (through Datix submission)
Lost or stolen FP10 prescriptions investigated and reported in a timely manner	Medication Safety Officer	Datix Incident Reporting System		Medicines Management Group
Monthly stock check of prescription forms	Service leads	Prescription form stock reconciled with Form 5: Prescription Audit Sheet	Monthly	Medicines Management Group

10.0 References - Legal, Professional or National Guidelines

1. NHS Counter Fraud Authority. Management and control of prescription forms: A guide for prescribers and health organisations. March 2018. Version 1.0. [Accessed August 2023] Available from: <https://cfa.nhs.uk/fraud->

[prevention/fraud-guidance](#)

2. Community Pharmacy England. Is this prescription form valid? [Online] May 2023. [Accessed August 2023]. Available from : <https://cpe.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/is-this-prescription-form-valid/>

3. British National Formulary. Medicines guidance – Prescription writing. [Online] Last updated September 2023. [Accessed November 2023]. Available from: <https://bnf.nice.org.uk/medicines-guidance/prescription-writing/>

Part A - Document Control

Policy number and Policy version: Medicines Policy 15 (MP15) V1.0	Policy Title FP10 Prescriptions Policy	Status: Final		Author: Emma Hannon (Senior Pharmacist) Paula Haydon (Medication Safety Officer) Chief Officer Sponsor: Director of Pharmacy
Version / Amendment History	Version	Date	Authors	Reason
	1	13.03.24	Emma Hannon Paula Haydon	Full review and implementation of policy
Intended Recipients: Any individuals or clinical services using FP10 prescriptions.				
Consultation Group / Role Titles and Date: Non-Medical Prescribing Team. Pharmacy Governance. Pharmacy Medicines Management Group				
Name and date of Trust level group where reviewed		Medicines Management Group – December 2024 Trust Policy Group – December 2024		
Name and date of final approval committee		Trust Management Committee – January 2025		
Date of Policy issue		January 2024		
Review Date and Frequency		December 2027 - Every 3 years.		
Training and Dissemination: Shared via email update and published on the intranet.				
To be read in conjunction with: RWT Medicines Policy, Clinical Governance Framework and MP07 – Non-Medical Prescribing policy.				
Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA				
Monitoring arrangements and Committee		Review by Pharmacy every 3 years.		
Document summary/key issues covered. This policy has been written to promote a safe and secure system for the management of Prescription Stationery within the trust. It fulfils the guidance set by the NHS Business Services Authority and the NHS Counter Fraud Authority (NHSCFA): Management and control of prescription forms, March 2018. ¹ The purpose of this policy is to ensure FP10 prescriptions are used in an appropriate and consistent manner within the Trust.				
Key words for intranet searching purposes			FP10, prescriptions, prescription stationery	

MP15 Form 1:

**Prescribing Team/ Medical Prescriber- FP10 Prescription
Registration Form**

**Form to be completed by medical prescriber/prescribing team representative
prior to initial FP10 prescription pad issue.**

Details of person requesting the new prescription pad <small>e.g. the individual medical prescriber or the representative representing a prescribing team.</small>		
Title (Mr Mrs Miss Ms Sister Dr)		
Print Name in Full		
Job Title		
Contact details Telephone Email Address		
Assignment Number		
Prescription details: <small>Complete box A OR box B as applicable</small>		
A. Individual Prescriber Pad - Name in Full <small>(as it appears on register)</small> Regulatory Body Code:		
B. Prescribing Team Name		
Area of Work (speciality or clinic name) e.g. Dermatology		
Address of Prescribing Base		
Type of prescription form required	Prescription Type and colour	Tick
	FP10SS (Single sheet e.g. UCC/phoenix centre)	<input type="checkbox"/>
	FP10NC (Individual Medical Prescriber ONLY)	<input type="checkbox"/>
	FP10HNC (Hospital units)	<input type="checkbox"/>
	FP10D (Dentist)	<input type="checkbox"/>
	FP10P-REC (OOH)	<input type="checkbox"/>
<small>*See full procedure MP15 attachment 1 for more information, and CPE: Is this prescription form valid². Contact pharmacy if unsure of the prescription type required.</small>		
Sample Signature <small>If applicable</small>		
Date		
Authorised by Clinical Director of area: Name:.....Signature:.....Date:.....		
Authorised by Clinical Director of Pharmacy: Name:..... Signature:.....Date:.....		

MP15 Form 2:

Non-Medical Prescriber – FP10 Prescription Registration Form

Form to be completed by non-medical prescriber prior to initial prescription pad issue.

Details of person requesting the new prescription pad				
Title (Mr Mrs Miss Ms Sister)				
Print Name in Full <i>(as it appears on register)</i>				
Home Address				
Non-Medical Prescriber type <i>Please tick</i>	Dietician	Nurse/Midwife	Optometrist	
	Pharmacist	Physiotherapist	Podiatrist	
	Radiographer	Paramedic		
	Other (please state)			
Type of Qualification Held <i>(Nurses only)</i>	Community Practitioner Nurse Prescriber <input type="checkbox"/>			
	Nurse Independent prescriber			
Regulatory Body Code	<i>(e.g NMC GPhC number)</i>	Assignment Number		
Area of Work <i>Please tick</i>	Acute	Adult community	Children's community	
	Pharmacy	Allied Health	Vertical Integration	
	Other (please state)			
Prescription Details				
Job Title				
Address of Base				
Type of prescription required	Prescription Type and colour	Tick		
	FP10PN	<input type="checkbox"/>		
	FP10SP	<input type="checkbox"/>		
	FP10MDA-SS	<input type="checkbox"/>		
	FP10 MDA-SP	<input type="checkbox"/>		
	FP10HMDA (Hospital unit)	<input type="checkbox"/>		
Contact Details Telephone Number Email address				
Sample Signature				
Date				
Authorised by Lead Non-Medical Prescriber:				
Name:.....Signature:.....Date:.....				
Authorised by Director of Pharmacy:				
Name:..... Signature:.....Date:.....				

Please scan and email the completed form to your NMP prescribing lead and Pharmacy on the following: rwh-tr.prescriptionpadrequest@nhs.net Then return the completed and signed forms to: FP10 Administrator, Pharmacy Admin, Pharmacy Department, C31 New Cross Hospital.

MP 15 Form 3: Change of Details FP10 Stationery

Form to be completed to change/terminate prescription forms

Section 1: Current Details					
Type of Prescription Pad <i>Circle appropriate pad type</i>			Prescribing team		Individual prescriber
Title & Name in Full <i>Please note the details must match what is recorded on the regulatory body register</i>					
Current Signature <i>(if applicable)</i>					
Base Address					
Contact Telephone Number					
Email Address					
Regulatory Body Code		<i>(e.g. GMC NMC GPhC no.)</i>	Assignment No.		
Medical Staff only - Specialty or Clinic Name					
Non-Medical Prescriber type <i>Please tick</i>		Dietician		Nurse/Midwife	
		Pharmacist		Physiotherapist	
		Radiographer		Paramedic	
Area of Work <i>Please tick</i>		Acute		Adult community	
		Pharmacy		Allied Health	
Job Title					
Cost Centre Code <i>i.e. Cost centre currently assigned to work under</i>					
Section 2: Change of Details					
Section 2a: Change of Personal Details <i>Complete as appropriate</i> N.B. Evidence must be supplied (marriage/divorce certificate, offer of new job)					
New Title:		New Name:			
Sample Signature					
New Address					
New Email Address					
New Specialty or Area of Work					
Section 2b: Change of Qualification - Nurses Only					
Type of Qualification <i>Please tick</i>		Community Practitioner Nurse Prescriber		Nurse Independent Prescriber	
Section 2c: Change of Cost Centre Details					
Job Title					
Address of Base					

Cost Centre Code			
Telephone Number		Date of Change	
Section 2d: Prescription Cancellation			
Cost Centre Code		Leaving Date:	
Section 3: Destruction of Pads			
Do you have any prescription pads with old details?	YES / NO <i>please delete as appropriate</i>		
If YES check balance against Audit form	Please keep a copy of the audit form for future reference, and submit a copy which will be kept on file		
If YES record destruction on Audit form	<p>Prescription pads can be destroyed on community sites by secretary/manager or presented to Pharmacy Department in person with a copy of Form 5.</p> <p>Destruction must be witnessed and the process followed in 4.4 Destruction and Disposal of FP10 prescriptions.</p>		
If NO please check Audit trail form to ensure completion Form 5	Please keep a copy of the audit form for future reference, and submit a copy which will be kept on file.		
Signature of Manager Checking Audit Form			
Name:	Signature:	Date:	
Section 4: Authorisation			
Manager confirming change/termination of prescription forms			
Name:	Signature:	Designation:	
Date:	Evidence to supplied to support change/termination:		
Authorised by Clinical Director			
Name:	Signature:	Date:	
Authorised by Clinical Director of Pharmacy			
Name:	Signature:	Date:	

Please return the completed form, with the audit trail or record sheet if applicable, to your prescribing lead via their email, and copy to the Pharmacy Team on:
rwh-tr.prescriptionpadrequest@nhs.net

MP15 Form 4 – FP10 Prescription Form Order Summary



Prescribing Team or										
Individual Prescribers Name										
Received by (name and signature):		Date:			Stored by (name and signature):					
Prescription Pad code (RL or Y)		Audit sheet No: <i>(to be completed by Pharmacy)</i>				1				
First Prescription Form Number:		Last Number			49					
No.	Prescription Form Serial Number (1st 10 digits)	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed	Initials		
1	0									
2	1									
3	2									
4	3									
5	4									
6	5									
7	6									
8	7									
9	8									
10	9									
11	10									
12	11									
13	12									
14	13									
15	14									
16	15									
17	16									
18	17									
19	18									
20	19									
21	20									
22	21									

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	22									
24	23									
25	24									
26	25									
27	26									
28	27									
29	28									
30	29									
31	30									
32	31									
33	32									
34	33									
35	34									
36	35									
37	36									
38	37									
39	38									
40	39									
41	40									
42	41									
43	42									
44	43									
45	44									
46	45									
47	46									
48	47									
49	48									
50	49									

FOR CLINIC USE ROOM No:	Replacement Pad		
	Details	Replaced by	Date
For Pharmacy use: Pad replaced with	Audit Sheet No		
	by		Date

FP10SS PRESCRIPTION AUDIT TRAIL FORM

- A Prescription monitoring form must be completed for each prescription pack (50 prescription)
- ALL 50 serial numbers MUST BE record before the first use of the batch (1st 10 digits)
- The form must be kept for one year from the last date of entry. No patient identity details must be written on this form

Box Number:		0						Pack Number:	1
First Prescription Form Number:		50					Last Number	99	
No.	Prescription Form Serial Number (1st 10 digits)	Date Used	Prescription Form Action					Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*		
1	50								
2	51								
3	52								
4	53								
5	54								
6	55								
7	56								
8	57								
9	58								
10	59								
11	60								
12	61								
13	62								
14	63								
15	64								
16	65								
17	66								
18	67								
19	68								
20	69								
21	70								
22	71								

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	72									
24	73									
25	74									
26	75									
27	76									
28	77									
29	78									
30	79									
31	80									
32	81									
33	82									
34	83									
35	84									
36	85									
37	86									
38	87									
39	88									
40	89									
41	90									
42	91									
43	92									
44	93									
45	94									
46	95									
47	96									
48	97									
49	98									
50	99									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

FP10SS PRESCRIPTION AUDIT TRAIL FORM

- A Prescription monitoring form must be completed for each prescription pack (50 prescription)
- ALL 50 serial numbers MUST BE record before the first use of the batch (1st 10 digits)
- The form must be kept for one year from the last date of entry. No patient identity details must be written on this form

Box Number:		0						Pack Number:	2
First Prescription Form Number:		100					Last Number	149	
No.	Prescription Form Serial Number (1st 10 digits)	Date Used	Prescription Form Action					Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*		
1	100								
2	101								
3	102								
4	103								
5	104								
6	105								
7	106								
8	107								
9	108								
10	109								
11	110								
12	111								
13	112								
14	113								
15	114								
16	115								
17	116								
18	117								
19	118								
20	119								
21	120								
22	121								

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	122									
24	123									
25	124									
26	125									
27	126									
28	127									
29	128									
30	129									
31	130									
32	131									
33	132									
34	133									
35	134									
36	135									
37	136									
38	137									
39	138									
40	139									
41	140									
42	141									
43	142									
44	143									
45	144									
46	145									
47	146									
48	147									
49	148									
50	149									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

FP10SS PRESCRIPTION AUDIT TRAIL FORM

- A Prescription monitoring form must be completed for each prescription pack (50 prescription)
- ALL 50 serial numbers MUST BE record before the first use of the batch (1st 10 digits)
- The form must be kept for one year from the last date of entry. No patient identity details must be written on this form

Box Number:		0						Pack Number:	3
First Prescription Form Number:		150					Last Number	199	
No.	Prescription Form Serial Number (1st 10 digits)	Date Used	Prescription Form Action					Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*		
1	150								
2	151								
3	152								
4	153								
5	154								
6	155								
7	156								
8	157								
9	158								
10	159								
11	160								
12	161								
13	162								
14	163								
15	164								
16	165								
17	166								
18	167								
19	168								
20	169								
21	170								
22	171								

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	172									
24	173									
25	174									
26	175									
27	176									
28	177									
29	178									
30	179									
31	180									
32	181									
33	182									
34	183									
35	184									
36	185									
37	186									
38	187									
39	188									
40	189									
41	190									
42	191									
43	192									
44	193									
45	194									
46	195									
47	196									
48	197									
49	198									
50	199									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

FP10SS PRESCRIPTION AUDIT TRAIL FORM

- A Prescription monitoring form must be completed for each prescription pack (50 prescription)
- ALL 50 serial numbers MUST BE record before the first use of the batch (1st 10 digits)
- The form must be kept for one year from the last date of entry. No patient identity details must be written on this form

Box Number:		0						Pack Number:	4
First Prescription Form Number:		200					Last Number	249	
No.	Prescription Form Serial Number (1st 10 digits)	Date Used	Prescription Form Action					Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*		
1	200								
2	201								
3	202								
4	203								
5	204								
6	205								
7	206								
8	207								
9	208								
10	209								
11	210								
12	211								
13	212								
14	213								
15	214								
16	215								
17	216								
18	217								
19	218								
20	219								
21	220								
22	221								

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	222									
24	223									
25	224									
26	225									
27	226									
28	227									
29	228									
30	229									
31	230									
32	231									
33	232									
34	233									
35	234									
36	235									
37	236									
38	237									
39	238									
40	239									
41	240									
42	241									
43	242									
44	243									
45	244									
46	245									
47	246									
48	247									
49	248									
50	249									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

FP10SS PRESCRIPTION AUDIT TRAIL FORM

- A Prescription monitoring form must be completed for each prescription pack (50 prescription)
- ALL 50 serial numbers MUST BE record before the first use of the batch (1st 10 digits)
- The form must be kept for one year from the last date of entry. No patient identity details must be written on this form

Box Number:		0						Pack Number:	5	
First Prescription Form Number:		250					Last Number	299		
No.	Prescription Form Serial Number (1st 10 digits)	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
1	250									
2	251									
3	252									
4	253									
5	254									
6	255									
7	256									
8	257									
9	258									
10	259									
11	260									
12	261									
13	262									
14	263									
15	264									
16	265									
17	266									
18	267									
19	268									
20	269									
21	270									
22	271									

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	272									
24	273									
25	274									
26	275									
27	276									
28	277									
29	278									
30	279									
31	280									
32	281									
33	282									
34	283									
35	284									
36	285									
37	286									
38	287									
39	288									
40	289									
41	290									
42	291									
43	292									
44	293									
45	294									
46	295									
47	296									
48	297									
49	298									
50	299									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
For Pharmacy use: Pack replaced with		Box number	Pack Number
		by	Date

FP10SS PRESCRIPTION AUDIT TRAIL FORM

- A Prescription monitoring form must be completed for each prescription pack (50 prescription)
- ALL 50 serial numbers MUST BE record before the first use of the batch (1st 10 digits)
- The form must be kept for one year from the last date of entry. No patient identity details must be written on this form

Box Number:		0						Pack Number:	6
First Prescription Form Number:		300					Last Number	349	
No.	Prescription Form Serial Number (1st 10 digits)	Date Used	Prescription Form Action					Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*		
1	300								
2	301								
3	302								
4	303								
5	304								
6	305								
7	306								
8	307								
9	308								
10	309								
11	310								
12	311								
13	312								
14	313								
15	314								
16	315								
17	316								
18	317								
19	318								
20	319								
21	320								
22	321								

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	322									
24	323									
25	324									
26	325									
27	326									
28	327									
29	328									
30	329									
31	330									
32	331									
33	332									
34	333									
35	334									
36	335									
37	336									
38	337									
39	338									
40	339									
41	340									
42	341									
43	342									
44	343									
45	344									
46	345									
47	346									
48	347									
49	348									
50	349									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	372									
24	373									
25	374									
26	375									
27	376									
28	377									
29	378									
30	379									
31	380									
32	381									
33	382									
34	383									
35	384									
36	385									
37	386									
38	387									
39	388									
40	389									
41	390									
42	391									
43	392									
44	393									
45	394									
46	395									
47	396									
48	397									
49	398									
50	399									

FOR CLINIC USE ROOM No:	Replacement Pack Details	Box Number	Pack Number
		Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number	Pack Number
		by	Date

FP10SS PRESCRIPTION AUDIT TRAIL FORM

- A Prescription monitoring form must be completed for each prescription pack (50 prescription)
- ALL 50 serial numbers MUST BE record before the first use of the batch (1st 10 digits)
- The form must be kept for one year from the last date of entry. No patient identity details must be written on this form

Box Number:		0						Pack Number:	8
First Prescription Form Number:		400					Last Number	449	
No.	Prescription Form Serial Number (1st 10 digits)	Date Used	Prescription Form Action					Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*		
1	400								
2	401								
3	402								
4	403								
5	404								
6	405								
7	406								
8	407								
9	408								
10	409								
11	410								
12	411								
13	412								
14	413								
15	414								
16	415								
17	416								
18	417								
19	418								
20	419								
21	420								
22	421								

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	422									
24	423									
25	424									
26	425									
27	426									
28	427									
29	428									
30	429									
31	430									
32	431									
33	432									
34	433									
35	434									
36	435									
37	436									
38	437									
39	438									
40	439									
41	440									
42	441									
43	442									
44	443									
45	444									
46	445									
47	446									
48	447									
49	448									
50	449									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

FP10SS PRESCRIPTION AUDIT TRAIL FORM

- A Prescription monitoring form must be completed for each prescription pack (50 prescription)
- ALL 50 serial numbers MUST BE record before the first use of the batch (1st 10 digits)
- The form must be kept for one year from the last date of entry. No patient identity details must be written on this form

Box Number:		0						Pack Number:	9
First Prescription Form Number:		450					Last Number	499	
No.	Prescription Form Serial Number (1st 10 digits)	Date Used	Prescription Form Action					Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*		
1	450								
2	451								
3	452								
4	453								
5	454								
6	455								
7	456								
8	457								
9	458								
10	459								
11	460								
12	461								
13	462								
14	463								
15	464								
16	465								
17	466								
18	467								
19	468								
20	469								
21	470								
22	471								

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	472									
24	473									
25	474									
26	475									
27	476									
28	477									
29	478									
30	479									
31	480									
32	481									
33	482									
34	483									
35	484									
36	485									
37	486									
38	487									
39	488									
40	489									
41	490									
42	491									
43	492									
44	493									
45	494									
46	495									
47	496									
48	497									
49	498									
50	499									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
For Pharmacy use: Pack replaced with		Box number	Pack Number
		by	Date

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	522									
24	523									
25	524									
26	525									
27	526									
28	527									
29	528									
30	529									
31	530									
32	531									
33	532									
34	533									
35	534									
36	535									
37	536									
38	537									
39	538									
40	539									
41	540									
42	541									
43	542									
44	543									
45	544									
46	545									
47	546									
48	547									
49	548									
50	549									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
For Pharmacy use: Pack replaced with		Box number	Pack Number
		by	Date

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	572									
24	573									
25	574									
26	575									
27	576									
28	577									
29	578									
30	579									
31	580									
32	581									
33	582									
34	583									
35	584									
36	585									
37	586									
38	587									
39	588									
40	589									
41	590									
42	591									
43	592									
44	593									
45	594									
46	595									
47	596									
48	597									
49	598									
50	599									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	622									
24	623									
25	624									
26	625									
27	626									
28	627									
29	628									
30	629									
31	630									
32	631									
33	632									
34	633									
35	634									
36	635									
37	636									
38	637									
39	638									
40	639									
41	640									
42	641									
43	642									
44	643									
45	644									
46	645									
47	646									
48	647									
49	648									
50	649									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
For Pharmacy use: Pack replaced with		Box number	Pack Number
		by	Date

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	672									
24	673									
25	674									
26	675									
27	676									
28	677									
29	678									
30	679									
31	680									
32	681									
33	682									
34	683									
35	684									
36	685									
37	686									
38	687									
39	688									
40	689									
41	690									
42	691									
43	692									
44	693									
45	694									
46	695									
47	696									
48	697									
49	698									
50	699									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	722									
24	723									
25	724									
26	725									
27	726									
28	727									
29	728									
30	729									
31	730									
32	731									
33	732									
34	733									
35	734									
36	735									
37	736									
38	737									
39	738									
40	739									
41	740									
42	741									
43	742									
44	743									
45	744									
46	745									
47	746									
48	747									
49	748									
50	749									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	772									
24	773									
25	774									
26	775									
27	776									
28	777									
29	778									
30	779									
31	780									
32	781									
33	782									
34	783									
35	784									
36	785									
37	786									
38	787									
39	788									
40	789									
41	790									
42	791									
43	792									
44	793									
45	794									
46	795									
47	796									
48	797									
49	798									
50	799									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	822									
24	823									
25	824									
26	825									
27	826									
28	827									
29	828									
30	829									
31	830									
32	831									
33	832									
34	833									
35	834									
36	835									
37	836									
38	837									
39	838									
40	839									
41	840									
42	841									
43	842									
44	843									
45	844									
46	845									
47	846									
48	847									
49	848									
50	849									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	872									
24	873									
25	874									
26	875									
27	876									
28	877									
29	878									
30	879									
31	880									
32	881									
33	882									
34	883									
35	884									
36	885									
37	886									
38	887									
39	888									
40	889									
41	890									
42	891									
43	892									
44	893									
45	894									
46	895									
47	896									
48	897									
49	898									
50	899									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

FP10SS PRESCRIPTION AUDIT TRAIL FORM

- A Prescription monitoring form must be completed for each prescription pack (50 prescription)
- ALL 50 serial numbers MUST BE record before the first use of the batch (1st 10 digits)
- The form must be kept for one year from the last date of entry. No patient identity details must be written on this form

Box Number:		0						Pack Number:	18	
First Prescription Form Number:		900					Last Number	949		
No.	Prescription Form Serial Number (1st 10 digits)	Date Used	Prescription Form Action					Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)	
			Issued	Initials	Cancelled	Initials	Destroyed*			Initials
1	900									
2	901									
3	902									
4	903									
5	904									
6	905									
7	906									
8	907									
9	908									
10	909									
11	910									
12	911									
13	912									
14	913									
15	914									
16	915									
17	916									
18	917									
19	918									
20	919									
21	920									
22	921									

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	922									
24	923									
25	924									
26	925									
27	926									
28	927									
29	928									
30	929									
31	930									
32	931									
33	932									
34	933									
35	934									
36	935									
37	936									
38	937									
39	938									
40	939									
41	940									
42	941									
43	942									
44	943									
45	944									
46	945									
47	946									
48	947									
49	948									
50	949									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

No.	Prescription Form Serial Number	Date Used	Prescription Form Action						Name of Prescriber	Comments (e.g. drugs prescribed, additional information about the prescription)
			Issued	Initials	Cancelled	Initials	Destroyed*	Initials		
23	972									
24	973									
25	974									
26	975									
27	976									
28	977									
29	978									
30	979									
31	980									
32	981									
33	982									
34	983									
35	984									
36	985									
37	986									
38	987									
39	988									
40	989									
41	990									
42	991									
43	992									
44	993									
45	994									
46	995									
47	996									
48	997									
49	998									
50	999									

FOR CLINIC USE ROOM No:	Replacement Pack	Box Number	Pack Number
	Details	Replaced by	Date
	For Pharmacy use: Pack replaced with	Box number by	Pack Number Date

MP15: FP10 Prescription Policy - Form 6 – Risk assessment for the use of FP10SS (single sheet) Prescription Forms

Risk assessment for the security of FP10SS prescription forms in clinical services	
Section A – Risk assessment details	
Name of Clinical Service and Directorate	
Location of Clinical Service	
Name of individual completing the risk assessment	
Job title of individual completing the risk assessment	
Date of initial assessment	
Section B - FP10SS stock security risk	
Are FP10SS stock being stored securely when not in use?	
Are the clinical service's prescribers being supplied only the number of FP10SS needed daily and returned to stock at the end of day?	
Is the clinical service using audit trail paperwork to monitor stock?	
Section C - FP10SS use in printers	
Are FP10SS being used in printers?	
Are the FP10SS being left unattended in printers?	
Do the printers being used for FP10SS have any additional security measures e.g. lockable tray/stored in a lockable room?	

Once the above action plan has been implemented, calculate the Final/Residual Risk Rating Figure:

Likelihood 1 2 3 4 5	Consequence 1 2 3 4 5	Severity 1-3 Green	4-6 Yellow	8-12 Amber	15+ Red
-------------------------	--------------------------	--------------------------	---------------	---------------	------------

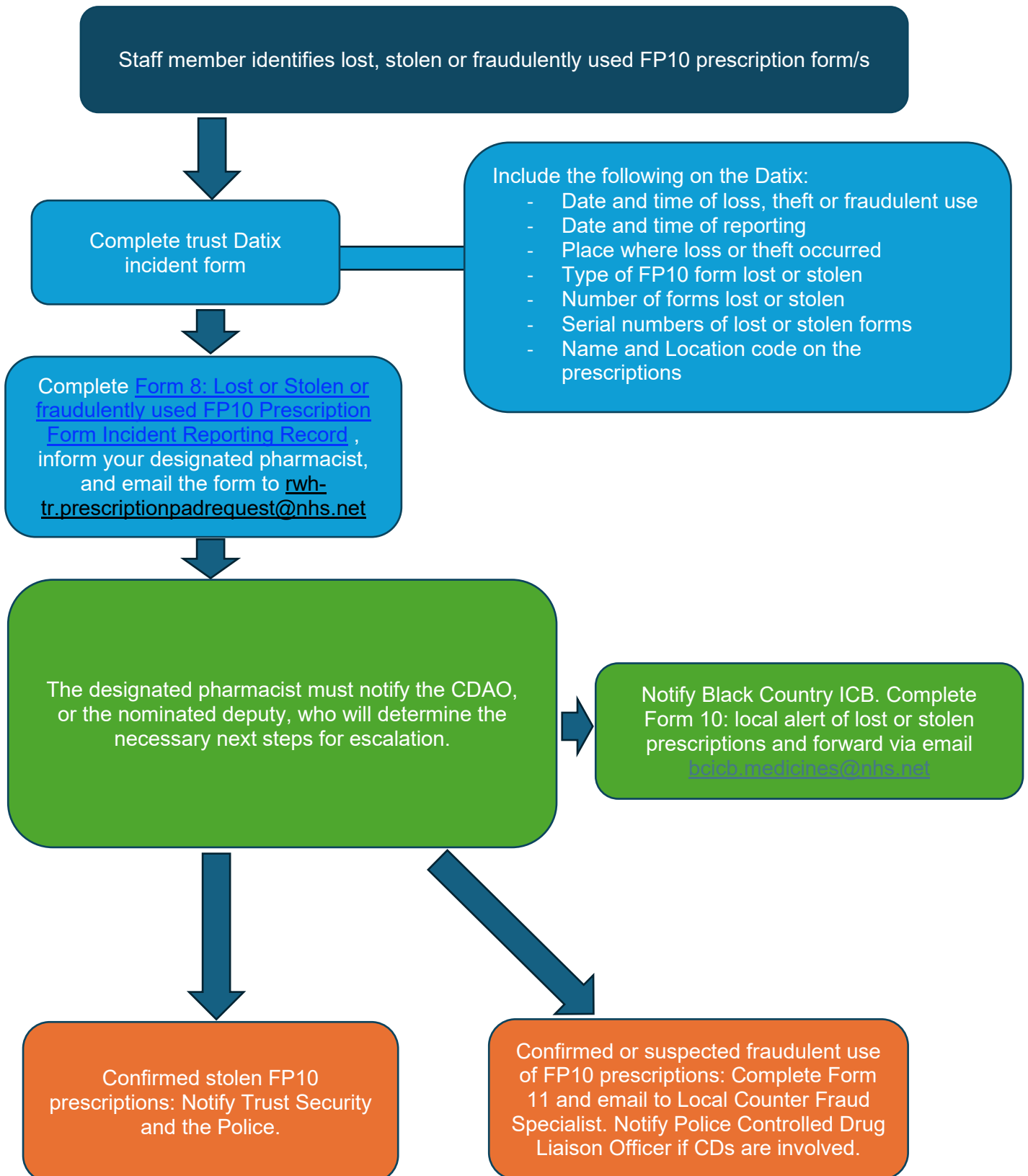
Additional comments:

Full name:		Designation:	
Signature:		Date:	
Date for review			

Risk Matrix:

Impact	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Insignificant	1	2	3	4	5

MP15 Form 7: Flow chart Lost Stolen or fraudulently used Prescription Forms.



<p>Have you reported the incident to anyone else? Give details</p>	
<p>Have you taken any immediate security measures to mitigate the risk? Give details.</p>	
<p>Please ensure you also attach a scanned copy of the audit trail to this form before sending.</p> <p>Form 5: FP10 Prescription Audit Sheet</p>	<p>I have attached the scanned copy of the audit trail Tick <input type="checkbox"/></p>

- Attach a copy of the completed form to the datix incident.
- Email a copy of the form to the Clinical Director of Pharmacy via:
Rwh-tr.prescriptionpadrequest@nhs.net

**MP15 Form 9: Incident Response Summary To Lost or Stolen or Fraudulently Used
FP10 Prescription Forms**

Incident response – Lost or stolen prescription forms <i>Adapted from “NHS Counter Fraud Authority. Management and control of prescription forms”¹</i>	
Nature of incident	Who should be contacted
There is a discrepancy in prescriptions ordered and received from the supplier	<p>Ask driver to remain on site while supplier is contacted.</p> <p>Contact the supplier.</p> <p>If enquiries with the supplier cannot be account for the discrepancy, follow Form 7: Flow Chart: Lost or Stolen Prescription Forms</p> <p>Complete Form 8: Lost or Stolen FP10 Prescription Form Incident Reporting Record and a Datix incident report. Include details of investigation undertaken.</p> <p>Inform the Clinical Director of Pharmacy /CDAO.</p> <p>The incident will then be escalated to the LCFS, the police and NHSCFA if deemed appropriate by the Clinical Director of Pharmacy/CDAO. If required, an alert will also be circulated Form 10 - Local Alert– Lost or Stolen Prescription Forms</p>
If prescription forms are lost through negligence or by accident.	<p>Follow Form 7: Flow Chart: Lost or Stolen Prescription Forms</p> <p>Complete Form 8: Lost or Stolen FP10 Prescription Form Incident Reporting Record and a Datix incident report. Investigate thoroughly, and document all actions taken on the incident form.</p> <p>Escalate to the nominated pharmacist who will contact the Clinical Director of Pharmacy /CDAO.</p> <p>The incident will then be escalated to the LCFS, the police and NHSCFA if deemed appropriate by the Clinical Director of Pharmacy/CDAO. If required, an alert will also be circulated Form 10 - Local Alert– Lost or Stolen Prescription Forms</p>
If prescription forms are stolen.	<p>The local security team and the Clinical</p>

	<p>Director of Pharmacy /CDAO must be informed as soon as the theft has been identified and confirmed.</p> <p>Complete Form 8: Lost or Stolen FP10 Prescription Form Incident Reporting Record and a Datix incident report.</p> <p>The incident will be escalated to the LCFS, the police and NHSCFA.</p> <p>An alert will also be circulated locally and/or regionally using Form 10 - Local Alert- Lost or Stolen Prescription Forms</p>
<p>If it is suspected the presented prescription form is forged or counterfeit.</p>	<p>First confirm the prescription details with the prescriber.</p> <p>If forgery or counterfeit prescription is suspected, contact the Clinical Director of Pharmacy /CDAO.</p> <p>Complete Form 8: Lost or Stolen FP10 Prescription Form Incident Reporting Record and a Datix incident report form.</p> <p>The incident will be escalated to the LCFS using Form 11: Referral Form for Local Counter Fraud Specialist, the police and NHSCFA if appropriate.</p> <p>All fraud must be reported to NHSCFA via the NHS Fraud & Corruption Reporting Line 0800 028 40 60 or online at https://cfa.nhs.uk/reportfraud</p>
<p>If it is suspected prescriptions forms are being misused.</p>	<p>If appropriate firstly check with the prescriber.</p> <p>If within the organisations incident reporting system complete a Datix incident report.</p> <p>Contacting the Clinical Director of Pharmacy /CDAO, completing the Form 8: Lost or Stolen FP10 Prescription Form Incident Reporting Record</p> <p>The incident will then be escalated to the LCFS Form 11: Referral Form for Local Counter Fraud Specialist, the police and NHSCFA if appropriate.</p> <p>All fraud must be reported to NHSCFA via the NHS Fraud & Corruption Reporting</p>

	Line 0800 028 40 60 or online at https://cfa.nhs.uk/reportfraud
--	--

Key responsibilities in prescription stationery incident investigation. NHS Counter Fraud Authority. Management and control of prescription forms ¹	
Individual identifying loss of forms	Complete a trust incident Datix report
	Complete the Form 8: Lost or Stolen FP10 Prescription Form Incident Reporting Record form with accurate and in-depth information and send to rwh-tr.prescriptionpadrequest@nhs.net at the earliest possible opportunity.
	To remain contactable during the investigation
	To aid with the investigation and put measures in place to learn from the incident and prevent it occurring again
Organisation e.g. Director of Pharmacy/CDAO or delegated pharmacist.	To assess the incident in a timely manner once reported and decide on nature of response following investigation
	Cascade to relevant members of staff within the organisation
	Contact the relevant individuals: Supplier/Police/LCFS/Trust security.
	Ensure any immediate action is taken to limit the abuse of the missing prescription forms. E.g. if appropriate for handwritten prescriptions, prescriber/prescribing team instructed to write and sign all prescriptions in a particular colour (e.g. red) for a period of two months.
	If appropriate local and national alert to be sent out to local pharmacies and adjacent CCGs/PCSE/NHS England area teams. Form 10 - Local Alert Lost or Stolen FP10 Prescription Forms.
	Communicate with the LCFS throughout the

	investigation
	If fraud is suspected – report to NHSCFA
Local Counter Fraud Specialist (LCFS)	Ensure the incident has been reported to the police and determine action taken.
	Ensure incident form has been completed on organisations incident reporting system.
	Ensure all relevant staff haven been informed at the organisation.
	Investigate cases of fraud/bribery/corruption using appropriate powers where applicable.
	Report to NHSCFA all cases of suspected fraud/bribery/corruption.
	Report investigation to director of finance.
	Where the director of finance believes fraud/bribery/corruption to be present a full report should be sent to the audit committee, internal and external audit.

MP15 Form 10: Local alert– missing lost stolen prescription forms

URGENT – IMPORTANT.

Local alert – Missing/lost/stolen prescription forms.

Dear

The prescription forms with the below details are potentially open to fraudulent misuse.

Date Alert Issued		Time Alert Issued	
Organisation alert issued by		Name and contact details of person at organisation leading on the investigation:	
Name and contact details of LCFS (Local counter fraud specialist)			

**If anyone attempts to present the prescription(s) please
Do NOT dispense AND
Contact the following people:**

Details of the prescription(s)

Prescription type and colour.	
Prescription location code	
Prescription prescribers/prescribing teams name and code	
Prescription serial numbers	
Prescription address	
Drug information (if applicable)	
Additional relevant information	

REPORT FRAUD TO THE LOCAL COUNTER FRAUD SPECIALIST

(Please use a separate referral form for each individual / company reported)

Please complete this form to the best of your knowledge. The information you provide will enable the Local Counter Fraud Specialist to evaluate the allegation to determine if this relates to NHS fraud/bribery/corruption, and commence initial enquiries. Where you are not able to complete any part of this form, please insert 'not known'.

Any information provided will be treated in the strictest confidence.

Email to RSM the Counter Fraud team via bradley.vaughan5@nhs.net or 01782 216056

SECTION A			
Who does the alleged fraud relate to? <small>Please delete as appropriate?</small>			
Patient Please complete Section B, C Part 1 & 3	Yes / No	Trust Staff Please complete Section B and C (in Full)	Yes / No
Member of the Public Please complete Section B, C Part 1 & 3	Yes / No	Company or Supplier Please complete Section B, C and D	Yes / No

SECTION B	
Reporting Person (s) Contact Details <small>(So we can get in touch with you to discuss your concerns)</small>	
Name	
Organisation and Department	
Site address:	
How can we get in touch with you?	<small>(Please do provide a telephone number and email address)</small>

SECTION C	
Person the alleged fraud relates to <small>Please complete as much information as known.</small>	
PART 1	
Name	
Address	
Date of birth	

SECTION C	
Person the alleged fraud relates to <i>Please complete as much information as known.</i>	
National Insurance Number	
Telephone number and e-mail address	
Period of fraud. Is the fraud still occurring?	
PART 2	
If relates to Trust staff, please complete	
Where they work?	(Organisation, Department and Site)
Job role (including banding)	
Full time / Part time	(including hours and shifts if known, and if relevant to allegation)
PART 3	
Please provide information and concerns of fraud	
Suspicion / allegation	
Estimated Value of fraud (if known)	
Are there any witnesses or people who can provide additional details?	(Please give names and contact details and any relevant information)
Is there any evidence you have or you believe can support the allegation?	(Please provide details)

Please send/attach any available information that supports your suspicion.

Signed.....

Date.....

The Local Counter Fraud Specialist will undertake to acknowledge receipt of this referral direct to you within 2 working days unless otherwise requested.

SECTION D	
Company the alleged fraud relates to <i>Please complete as much information as known</i>	
PART 1	
Company name	
Company number and registered address	
Services supplied by company to the Trust	
Trust Site address services/works supplied at:	
Company telephone number and e-mail address	
Director name	(Please also complete Section C, Part 1)
Members or persons working for the company related to the allegation	(Please also complete Section C, Part 1)
PART 2	
Please provide information of concerns of fraud	
Suspicion / allegation	
Are there any witnesses or people who can provide additional details?	(Please give names and contact details and any relevant information)
Is there any evidence you have or you believe can support the allegation?	(Please provide details)

Please send/attach any available information that supports your suspicion.

Signed.....

Date.....

The Local Counter Fraud Specialist will undertake to acknowledge receipt of this referral direct to you within 2 working days unless otherwise requested.

MP15 Form 12: FP10 Security Audit

FP10 Security Audit – carried by a member of the pharmacy team annually on 10 randomly selected areas using FP10 Prescriptions

1	Stock of FP10 in clinical area is being store appropriately e.g. in a locked cabinet in a locked room. With limited access and tracked use of the keys.	
	Circle as appropriate: COMPLIANT OR NON-COMPLIANT OR NOT APPLICABLE	Review date if required:
	Comment/ Action plan:	

2	<p>There is an up to date audit sheet for the prescribing team/individual. The audit sheet is filled in correctly with signatures of two authorised individuals at receipt, supply and destruction of FP10s. Form 5: FP10 Prescription Audit Sheet <i>Check every page since last audit and check current stock matches what is on the audit record.</i></p>	
	Circle as appropriate: COMPLIANT OR NON-COMPLIANT OR NOT APPLICABLE	Review date if required:
	Comment/ Action plan:	

3	<p>If using FP10SS in printers there is a completed up to date risk assessment to ensure security of these prescriptions and the recommendations in the risk assessment are being adhered to. See Form 6: Risk Assessment for the Security of FP10SS (Single Sheet) Prescription Forms</p>	
	Circle as appropriate: COMPLIANT OR NON-COMPLIANT OR NOT APPLICABLE	Review date if required:
	Comment/ Action plan:	

4	<p>All FP10s in use in the clinical area are currently being stored appropriately and none are being left unattended. <i>Complete a spot check</i></p>	
	Circle as appropriate: COMPLIANT OR NON-COMPLIANT OR NOT APPLICABLE	Review date if required:
	Comment/ Action plan:	

5	<p>Have all missing/unaccounted for FP10s been reported according to MP15 FP10 Policy Form 8?</p> <p><i>If not the procedure for reporting missing FP10s should be followed A.S.A.P.</i></p>	
	<p>Circle as appropriate: COMPLIANT OR NON-COMPLIANT OR NOT APPLICABLE</p>	<p>Review date if required:</p>
	<p>Comment/ Action plan:</p>	

Clinical Area	
Date of Audit	
Name and Signature of person from Pharmacy undertaking the audit	
Name and signature of person from clinical area	
Agreed date for re-audit if required	
<p>Audit results should be presented to the clinical lead and or manager for the clinical area.</p>	