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1 Introduction

This procedure describes all processes that are involved in the Management and Handling of FP10 prescriptions. This has been produced to provide guidance in the event of an incident that involves FP10 prescriptions

Prescription forms are classed as controlled stationery and the theft of prescription forms, and their consequent misuse is an area of concern for a number of reasons:

- A prescription form is an NHS asset that has a financial cost attached
- Prescription forms should be considered as ‘blank cheques’ which, in the wrong hands, can lead to a misuse of NHS resources - Stolen forms, or indeed whole pads, can be used to illegally obtain controlled drugs (CDs), as well as other medicines either for illegitimate or personal use
- The effective management of prescription forms, for example how they are stored and accessed by authorised prescribing and non-prescribing staff is very important and requires that appropriate security policies, procedures and systems are in place.

This procedure supports our Journey to Change as set out in the [Medicines Overarching Framework](#).

2 Purpose

Following this procedure will help the Trust to:

- Manage controlled stationery safely
- Maintain medication supplies for patients
- Reduce the risk of fraud
- Manage untoward issues relating to FP10 use

3 Who this procedure applies to

- Everyone involved in the management and use of FP10 prescriptions

4 Related documents

This procedure describes what you need to do to implement the 4.1.9 section of the [Medicines Overarching Framework](#).

This procedure also refers to:

- ✓ Medicines - [Prescribing and Initiation of Treatment Procedure](#)
- ✓ Medicines - [Ordering, storage, security, transporting and disposal procedure](#)

5 FP10 Prescriptions

FP10 HNC pads (formerly known as FP10 HP pads) and FP10 MDA pads must only be used for TEWV NHS Trust patients. Use of these prescriptions for treating private patients is considered fraudulent.

The term FP10 will be used throughout this document to describe different FP10 forms under a collective title. This document also applies to trust prescriptions, although the risks are significantly reduced as they can only be presented for dispensing at a trust dispensary.

Prescription forms are uniquely numbered and need to be fully accounted for. It is the responsibility of a designated member of staff within a department to ensure safe and secure handling of FP10 pads.

- FP10s must be ordered from the Pharmacy Administration Team, (see [Appendix 1](#)).
- NMPs/Consultants/Teams are allocated specific codes
- The pharmacy will issue the pads in tamper-proof security bags via the internal courier, porter, or recorded delivery route. If a bag is suspected to have been tampered with, contact the pharmacy
- An 'Acknowledgment of Receipt' email containing the serial numbers of the pads/forms will be sent by pharmacy admin for return. The receipt email must be returned as soon as possible after the delivery is accepted.
- Prescribers are responsible for the security of FP10s once received and must:
 - Securely store pads / forms when not in use and keep a record of the serial numbers of prescription forms in their custody. The first and last serial numbers of pads (see picture below) should be recorded. It is also good practice to record the number of the first remaining prescription form in an in-use pad at the end of the working day. This will help to identify any prescriptions lost or stolen overnight

Do not, under any circumstances, pre-sign blank prescription pads/forms before use. The prescription form should only be produced when needed and never left unattended.

Any completed prescriptions should be stored in a locked drawer/cupboard. Patients, temporary staff, and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored.

NOTE If a prescriber moves to another service within TEWV or leaves the Trust, FP10 prescription pads must be returned to the medical/team secretary, who must then contact the Pharmacy Administration Team for advice on the appropriate action to take.

6 Delivery and Distribution of Prescription Forms

Deliveries must be made in an appropriate secure transport package, ensuring the shortest distance possible between distribution points to minimise the risk of theft and prevent attacks or assaults. There are a few steps that need to be followed to ensure that the security of the prescriptions forms is always maintained.

- The vessel in which prescription forms are transported must be sealed to prevent access to the forms whilst in transit
- Items waiting to be collected must be stored and not left in a place or area where there is unsupervised access
- When distributing prescription forms, the driver or porter should sign for their consignment
- Prescribers or authorised medical secretaries must sign for the forms received from the porter or other delivery staff. The receipt of acknowledgement for indicating the serial numbers must be returned to the pharmacy admin team via email.
- Prescriptions must be stored securely

7 Home Visits

When making home visits and carrying FP10 pads there is an increased risk of theft or loss. Follow this guidance to reduce risks and enable investigation:

- Record the serial numbers of any prescription forms/pads being carried on home visits before leaving the practice/clinic premises. Only a small number of prescription forms should be taken – ideally between 6 and 10 to minimise potential loss. Ensure you have counted the number of prescriptions that you are taking with you. The same precautions should be taken by prescribers visiting care homes.

- Take suitable precautions to prevent the loss or theft of the form such as ensuring prescription pads are carried in an unidentifiable locking carrying case or are not left on view in a vehicle, ideally locked in the car boot.

7.1 Transport of completed FP10 forms to community patients

- Community staff (Registered Practitioners, Non Registered Practitioners, Nominated Volunteers or Allied Health Professionals), as part of their role in the clinical treatment of patients, may deliver FP10 forms as part of the overall care package. This aspect of care must be documented in the care plan and the patient must be known to the member of staff delivering the FP10 form.
- A record of receipt of FP10 forms by community staff, and delivery and receipt of the FP10 form to the patient can be recorded on the electronic patient record (as the audit trail).
- Any refusals to accept delivery must be documented in the patient's record. If FP10 forms cannot be delivered they must be returned to the community base on the same day and stored securely
- A Trust identification badge should be worn or carried by all staff carrying FP10 forms.
- FP10 forms must **never** be posted through letter boxes or left with a person unknown to the team.
- FP10 forms may be transported to the patient's home by post. It is important that FP10 forms are packaged securely and clearly labelled with the destination.

8 Wards / Crisis Team / 136 Suites

Where FP10s pads are used by multiple prescribers, the service and prescriber must ensure the following:

- The FP10 must be stored in a secure lockable cupboard or drawer on site
- A record sheet detailing all the individual prescription serial numbers must be retained with the FP10 pad (see [Appendix 6](#))
- When FP10s are issued, prescribers must complete the record sheet

Where a ward uses a FP10 for an in-patient item, a leave or a discharge, a member of staff should collect the item(s) from the community pharmacy and return them to the ward. The patient should not be handed the FP10.

9 Spoiled prescriptions

If an error is made on an FP10 prescription, the prescriber should do one of the following:

- **Only if the error is minor and the clarity of the prescription will not be impaired;** cross through the error, initial and date the error and then write the correct information

- **In other circumstances**, destroy the form by shredding or adding to confidential waste and start writing a new prescription. Make a note of destruction on [Prescription Log](#) (if shared pad).

10 Missing or stolen FP10 prescription pad/s

If the loss or theft of any controlled stationery occurs, action needs to be taken to ensure reduce the risk of fraud (see section 12).

- Contact the Pharmacy Administration Team and inform the Trust Chief Pharmacist as the CD Accountable Officer (CDAO)
- Contact the NHS Fraud and Corruption Reporting Line
 - Tel: 0800 028 40 60
 - Online: <https://cfa.nhs.uk/reportfraud>
- An electronic incident report (InPhase) must be completed
- Prescribers or their medical/team secretary must complete an Urgent - FP10 lost-stolen email to tewv.pharmacyadmin@nhs.net
- The pharmacy team will alert the appropriate authorities and the Local Counter Fraud Specialists [LCFSs]). If the theft occurs on a weekend or 'out of hours', then the LCFSs will be informed on the next normal working day
- The lost/stolen prescription information will be reported to Contractor Services via england.pharmacyandoptometry@nhs.net who will inform all community pharmacies in the area

11 Misplaced or Lost Prescriptions by Patient or Carer

- This can occur from any point between receiving/posting the prescription from the prescriber to the patient and handing over to the Community dispensing Pharmacy. But to help protect the public and reduce the risk of Fraud there must be a few steps taken to report this (See [Appendix 3](#))

12 Uncollected Prescriptions

- There are some risks that need to be considered in relation to uncollected scripts.
- Patients / carers may not collect a prescription from the service or may not collect from the pharmacy. It is not practical to follow up on prescriptions not collected from a community pharmacy, but services should put in place a process to regularly (suggested weekly, but minimum monthly) review uncollected scripts – flagging uncollected scripts with the prescriber.
- Uncollected scripts can mean:
 - A patient is not taking a medication or dose as intended – this should be considered alongside other [medication adherence](#) factors
 - A patient is receiving the same / alternative medication from their GP

13 Posting Prescription Forms

Wherever possible prescription forms should be collected by the patient or their representative, in some cases this may not be possible e.g.

- Mobility of patient
- Distance of Service from the patient's home
- Access to transport

When this is the case, the service needs to consider if future posting FP10s is necessary.

- The prescription should be posted direct to a dispensing pharmacy, this reduces the risk of fraud. When this is not possible, prescriptions for medicines (other than schedule 2, 3 & 4 controlled drugs) *may* be posted to the patient via first class post, following confirmation of the patient's home address.
- **All prescription forms for schedule 2, 3 & 4 controlled drugs must be posted to a community pharmacy** nominated by the patient using first class post. Prescriptions for controlled drugs must not be sent directly to the patient's home address.

A system must be in place within the team to record when and where prescriptions were posted. This should be annotated in the electronic patient record. Where possible the prescription should be posted in a tamper proof envelope.

- See [appendix 4](#) for prescriptions lost in the post

14 Fraudulent Prescriptions

The legal definition of fraud involves a dishonest act, when used in the context of prescriptions, we take it to include (this list is not exhaustive):

- Forgery or counterfeiting a prescription form
- Making amendments to a legitimate prescription form by changing quantities / dosages or adding additional medications
- Impersonating an individual to collect their prescription
- Writing a prescription for 'ghost' patient
- Using a legitimate but stolen blank prescription form to obtain medicines and controlled drugs (CDs).

If fraud is suspected:

- An electronic incident report (InPhase) must be completed whenever a forged prescription is identified or suspected and reported to the Trust Chief Pharmacist as the CDAO. (See [Appendix 5](#)) for full process
- The Trust Chief Pharmacist will alert the appropriate authorities as detailed above and then speak to the team concerned
- Pharmacy will inform their Local CD LIN of incident (as needed), to share information with other CDAOs in the locality.

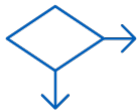
15 Reducing the risk of FP10 fraud

See [Medication Safety Bulletin: Reducing Risks of Fraudulent FP10 Prescription Amendment](#)

Example prescriptions incorporating this advice can be found in [appendix 2](#).



- **Reflect** on the way in which your prescriptions are written.
- Are they comprehensive? (drug, form, strength, dose, directions, strength, quantity)
- Could they be easily amended?
- Do you make an accurate entry in the electronic patient record with the details of your prescribing (see appendix 3 of the [Medicines: Prescribing & Initiation procedure](#) for requirements)



- **Patient specific risks** influence each decision.
- What **risks** are present for the patient you are prescribing for?
- Does the safety summary highlight any concerns?
- Is the drug a potential substance of misuse or an [overdose risk](#)?
- What [medicines adherence](#) factors are you considering?



- **Minimise fraud** in the way the prescription is written.
- Have you completed the number of days supply box AND written a quantity to supply?
- Put a circle around the number of days required, to prevent a number being added in front or after.
- Would words and figures help, even if not legally required?
- Have you minimised the space available for someone to make changes?
- Add “No more items on prescription” underneath the final item and / or “Z” off the remaining space.



- **Other considerations** that may increase / reduce risks.
- Could you use our [FP10 printable template](#) (printed scripts are harder to amend)?
- Could the prescription be sent / delivered direct to the pharmacy?
- Is there a carer or family member that could collect the prescription?
- Is there a potential for other prescribers to be issuing prescriptions for the same / similar medication?
- Ensure your contact details are clear and up to date on the prescription to enable contact from the community pharmacy

16 Destruction and disposal of FP10s

- New prescription forms should not be issued to prescribers who have left or moved employment or who have been suspended from prescribing duties, and all unused prescription forms relating to that prescriber should be recovered and securely destroyed.

- Personalised forms which are no longer in use should be returned to pharmacy to be securely destroyed (e.g. by shredding) before being put into confidential waste, with appropriate records kept. The person who destroys the forms should make a record of the serial number of the forms destroyed. The destruction of the forms should be witnessed by another member of staff. Records of forms destroyed are kept in accordance with local record and retention policies.

17 Definitions

Term	Definition
FP10	<ul style="list-style-type: none"> • A prescription form that can be presented at a community pharmacy

18 How this procedure will be implemented

<ul style="list-style-type: none"> • This procedure will be published on the Trust’s intranet and external website.
<ul style="list-style-type: none"> • Line managers will disseminate this procedure to all Trust employees through a line management briefing.
<ul style="list-style-type: none"> • The guidance will be promoted by the pharmacy team through newsletters, medicines optimisation – interactive guide, medicines management groups and in response to received queries

18.1 Training needs analysis

No specific training needs identified to implement this procedure.

19 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Safe storage of controlled stationery is a monitored standard within community and in-	Every 1-6 months depending upon overall compliance with monitored standards	Specialty governance groups within each care group.

	patients' medicines management assessments		
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20 References

- NHS Counter Fraud Authority – [guidance for prescribers and organisation on the management and control of prescription forms](#)

21 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	25 July 2024
Next review date	30 November 2025
This document replaces	PHARM-0151 V1.1 FP10 Prescription Management
This document was approved by	Drug and Therapeutics Committee
This document was approved	25 July 2024
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	n/a - Sits under the medicines overarching framework EA
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

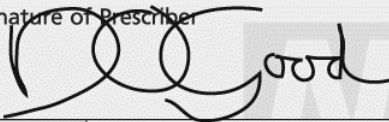

Version	Date	Amendment details	Status
1.0	24 Nov 2022	New document	Superseded
1.1	28 Mar 2024	New section on uncollected prescriptions References to Paris and Datix updated to reflect system changes	Superseded
1.2	25 Jul 2024	Section 7.1 added re: Transport of completed FP10 forms to community patients. This has been moved from the Prescribing & Initiation of treatment procedure	Approved

Appendix 1 - FP10 Ordering Procedure

1. The order is via email to Pharmacy Admin inbox: tewv.pharmacyadmin@nhs.net
2. Stock is checked via FP10 spreadsheet
3. Items are posted in a tamper proof plastic mailer via Royal Mail 'signed for' service.
4. All orders are given a unique order number which is also used as an email folder for all relevant correspondence.
5. There is a separate spreadsheet to record the order numbers and date posted & date confirmation of receipt received.
6. When confirmation of receipt is received to the admin inbox, the email is then moved to an archive, the receipt details are also added to the FP10 spreadsheet.
7. 7-10 days are allowed to confirm receipt before checking the Royal Mail tracking website.
8. If delivered, a screen shot is emailed it to the pharmacy inbox to go with the other correspondence.
9. If it's not showing as delivered the person who ordered is contacted it to see if it's been received (sometimes RM don't actually show a signature, but the parcel has been delivered).
10. If not delivered an incident is recorded on the electronic incident system.

Appendix 2 - writing an FP10 to minimise fraud

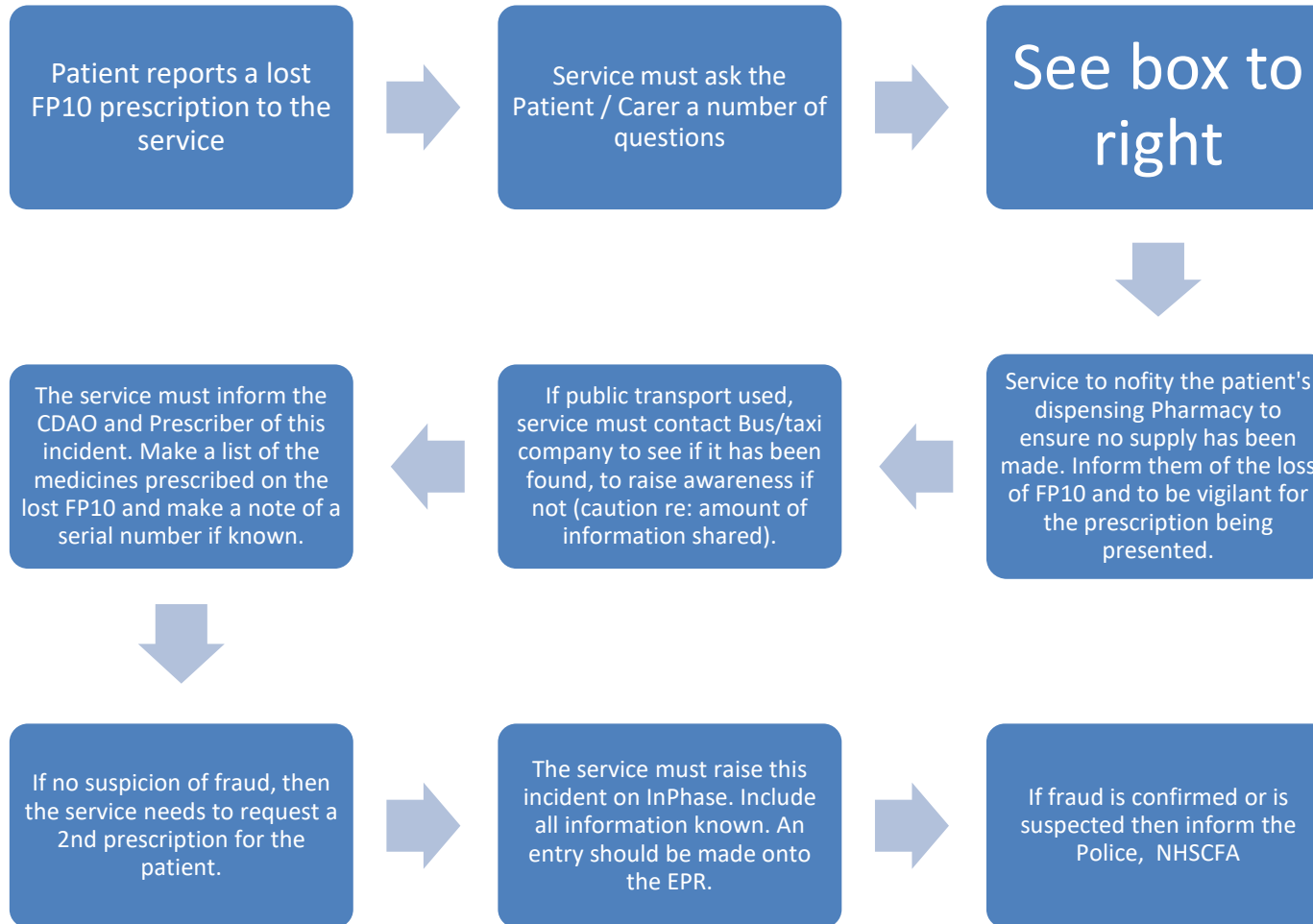
The example below is from the BNF and shows a computer-generated prescription:

Pharmacy Stamp	Age 1yr 3mths	Title, Forename, Surname & Address Master Peter Patient	
	D.o.B 2/4/2010	Flat 1 50 Stanhope Street Newtown TE22 1ST	
<i>Please don't stamp over age box</i>			
Number of days' treatment N.B. Ensure dose is stated	5		
Endorsements	Amoxicillin oral suspension 125mg/5ml sugar-free 125mg three times daily Supply 100ml [No more items on this prescription]		
Signature of Prescriber 		Date 02/07/11	
For dispenser No. of Prescns. on form	Anyborough Health Authority Dr D O Good 345543 7 High Street Anytown KB1 CD2 Tel: 0111 222 333		
	FP10NC0105		

A handwritten prescription should contain aspects as below (the red type indicates the reason for the detail):

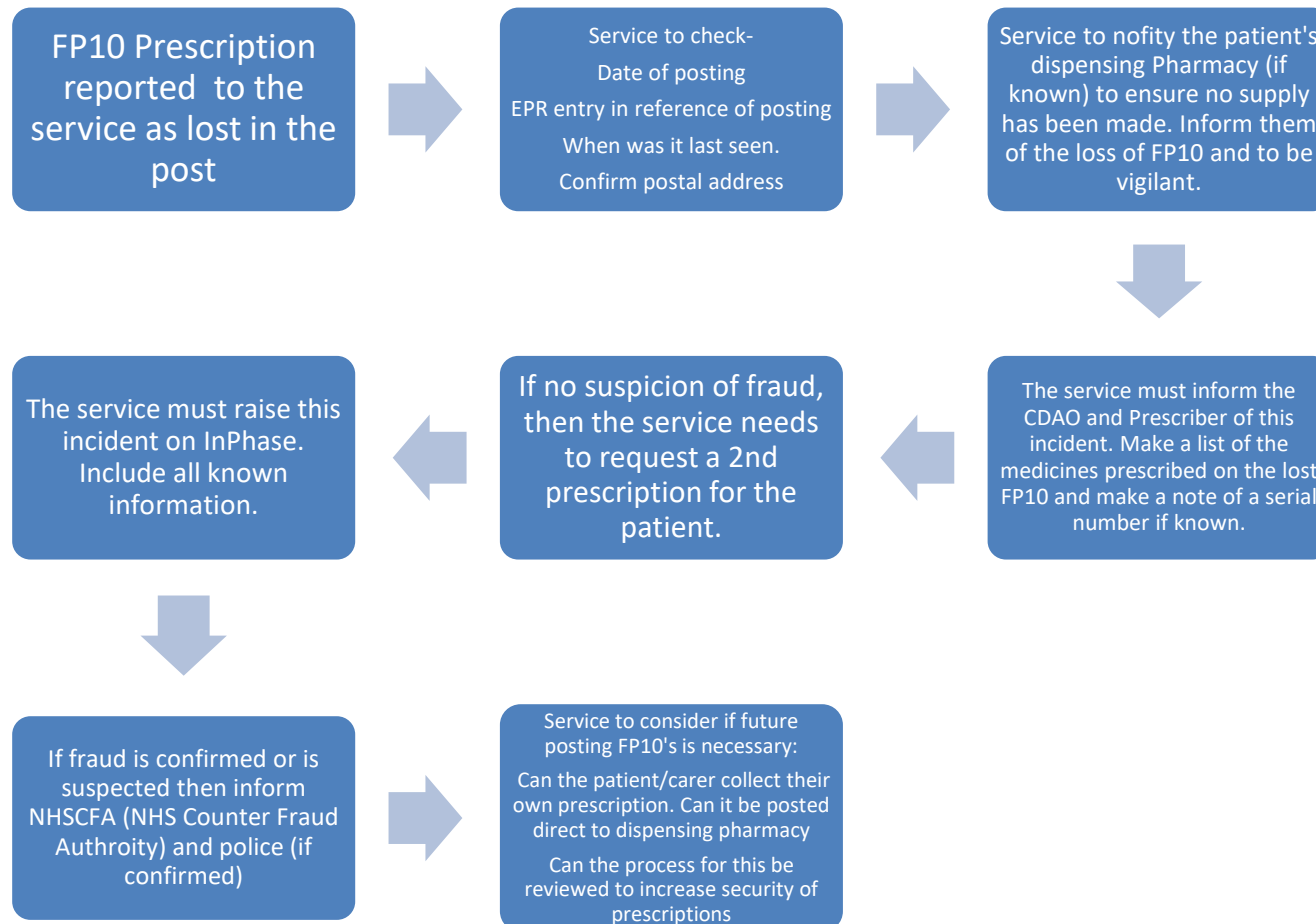
Pharmacy Stamp	Age 37	Title, Forename, Surname & Address Miss Gemima Puddleduck	Put a circle around the number of days to prevent numbers being added in front of after.
	D.o.B 2/4/85	2 House Street Newtown TE22 0GP NHS Number: 1234561234	
Please don't stamp over age box Number of days' treatment N.B. Ensure dose is stated		7	Full instructions including strength dose and form – don't guess (use BNF) & ensure cost effective choices
Endorsements Olanzapine 10mg tabs Take ONE each day x 7 Diazepam 2mg tabs Take ONE up to TWICE a day when required x 14 (FOURTEEN) tabs			
Prescriber's name and initials in block capitals D O Good			Add a quantity for the item – don't rely on the number days stated. If the drug has the potential for abuse then add words and figures even if not legally required.
Signature of Prescriber <i>D O Good</i>		Date 2/4/22	Ensure legibility with no more than 3 or 4 (max.) items per script. Z off remaining space.
For dispenser No. of Prescns. on form	Anyborough Health Authority Dr D O Good 345543 7 High Street Anytown KB1 CD2 Tel: 0111 222 333		Avoid writing in either margin of the prescription.
NHS	FP10NC0105		Ensure your name is legible and that the contact number is appropriate in case the community pharmacy needs to query anything.

Appendix 3 - Prescriptions Lost by Patient



- When was the last time you remember having it / do you know where you lost it?
- What was prescribed / when did you get the script?
- Any suspicion that the prescription could have been stolen?
- Which is your usual Community Pharmacy?
- Have you used Public transport since receiving your FP10, which service/what time, taxi company etc?
- What supplies do you have left?

Appendix 4 - Prescriptions Lost in Post

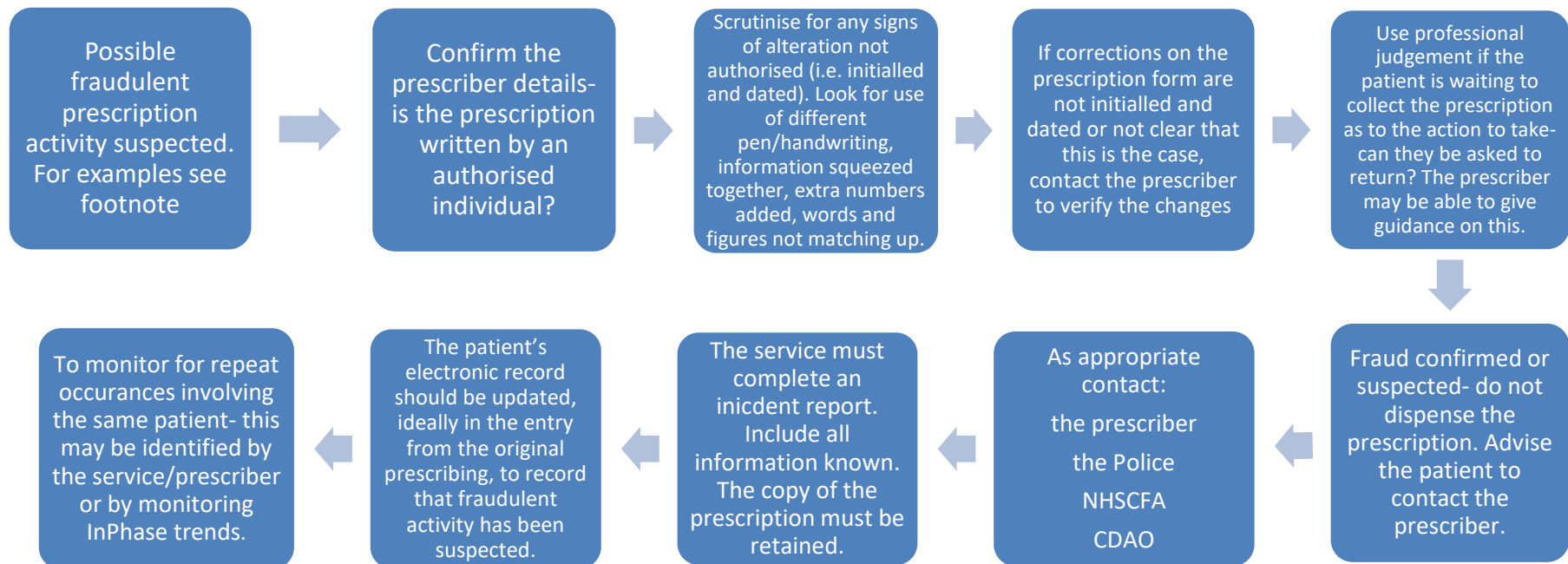


Appendix 5 - Possible fraudulent prescription identified

Some examples of possible fraudulent prescription activity may include:

1. Forgery or counterfeiting a prescription form
2. Making amendments to a legitimate prescription form by changing quantities/dosages
3. Impersonating an individual to collect their prescription or changing the name on the prescription
4. Writing a prescription for a 'ghost' patient
5. Using a legitimate but stolen blank prescription form to obtain medicine and controlled drugs (CDs)

N.B. under no circumstances should staff compromise their safety when addressing the possibility of identified fraud with a patient/carer



Queries refer to [Medication Safety Bulletin Re: Minimising the risk of FP10 Fraud](#)

Appendix 6 - FP10 log for shared pad

Date	Prescription serial No. Issued	Full Name of Prescriber	Service user initials and EPR number	Drug(s) prescribed	Details of remaining prescription's Serial Numbers		No. of scripts received and sign	Balance <i>count scripts left</i>	Balance Checked	
					First script (top) no. on pad	Last script (bottom) no. on pad			Checked by	Witnessed by

Appendix 7 - Standard process for generation of FP10 prescriptions using an excel template by community teams and sending these to community pharmacies

PRINCIPLES & KEY MESSAGES

- This process aims to facilitate new and repeat prescribing for community patients where the default process of face-to-face consultation or collection of a prescription from a community team base is not possible
- Some community teams may already have effective processes in place to generate FP10 prescriptions using a software template – those processes can continue but teams may want to consider if they can be improved or supplemented by all or part of this process.
- **This is NOT electronic prescribing (e-prescribing)** - FP10 prescriptions generated by this process still need to be physically wet-signed by a prescriber for them to be legal. A computer-generated or a scanned signature copied and pasted onto the prescription is not legal.
- An Excel template for generating prescriptions by this method is available [here](#) - DO NOT save this template locally as it will be regularly updated
- The template CANNOT be used for prescribing of schedule 2 & 3 controlled drugs, e.g. methylphenidate, lis/dexamfetamine, pregabalin, temazepam, as it does not provide for the additional legal requirements, i.e. total quantity in words and figures – such prescriptions will still need to be free-typed or handwritten.
- The second part of this process (transfer to community pharmacies) utilises the existing legal framework for “emergency supply requested by prescriber” (see [BNF](#))

Prescription
request &
validation

- Repeat prescription - requested by patient/carer, care co-ordinator or prescriber; medical secretary checks team database or electronic patient record (EPR) for last prescription issued & confirms that new prescription is due (*see note 1*)
- New prescription (e.g. following a remote consultation) - should be generated directly by the prescriber - see below

Prescription
generation

- **Schedule 2 & 3 CDs** - prescription needs to be manually written by an on-site prescriber to comply with all legal requirements; for other prescriptions:
- Open Excel template from T:drive (link on front page)
- Add patient & prescription details, including the number of days to be supplied, using the drop down options for medication name, form/strength & dosage instructions (up to four medicines per prescription form)
- **New prescriptions generated by prescriber working remotely** - use "save & send" function to send prescription via NHSmail to medical secretary
- Med sec prints prescription (generated by self or sent by remote prescriber) onto an FP10 form & passes to an on-site prescriber for checking and physical signature (see below)

Prescription
record on EPR

- Copy and paste the prescription from the Excel template to a case note in EPR with the serial number of the FP10 form
- Close the template as "Don't save" (*see note 2 for exceptions*)

Prescription
checked

- If necessary, the on-site prescriber contacts the patient or care co-ordinator to confirm concordance, tolerance, and continuing need for medication prescribed
- On-site prescriber checks prescription against EPR entries / team database for previous prescription; resolves any identified errors; once confident the prescription is correct, signs the prescription and adds a direct contact telephone number for themselves or the original prescriber

Prescription
issued

- Med sec / care co-ordinator records the date issued & the date next prescription due on team database / register
- If prescription is not being collected by the patient/carer, follow the process overleaf for sending to a community pharmacy

Notes

1. Where a prescription is not due the request should be referred to the prescriber/Care co-ordinator for approval, prior to production of a prescription
2. Complex prescriptions (multiple medicines) and/or frequently repeated prescriptions (7-day supply for MDS or suicide risk) may be saved to a shared S:drive (not a personal H:drive) but **MUST** be password protected.



Appendix 8 - Approval checklist

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	No	No training needs identified
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	No	Part of analysis for the medicines overarching framework
	Have Equality and Diversity reviewed and approved the equality analysis?	N/A	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the document been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	No	Not applicable