

Pharmacy Department Standard Operating Procedure

Procedure for issuing FP10HNC prescriptions for Clinics inc Telephone consultation clinics

SOP No.	
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Section:	
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Version Control Table

Version Number	Date issued	Author	Details of amendments
1		Jo Ringer	Amended template to fit the requirements of Telephone clinics 8.3.6.1 added and parts of 8.3.8 amended
1.1	21/1/20	M L Jenkinson	Added existence of Appendix C to P5 and distribution to Trustnet

1. Introduction:

1.1. In its most recent guidance on the management and control of prescription forms, the NHS Counter Fraud Authority states that:

“A prescription form should be considered an asset that has a financial value. It is in effect a blank cheque open to potential misuse. Theft of prescription forms and their resulting fraudulent misuse, potentially involving third parties, is a serious concern, since all financial loss in the NHS due to fraud diverts precious resources from patient care, which negatively impacts its ability to meet the health needs of the population.”

2. Background:

2.1. The safe use of FP10HP prescriptions is essential. This procedure sets out the safe use, storage and monitoring of these prescriptions in a clinical area.

2.2. During COVID-19 pandemic, prescribers will need to review patients using virtual clinics via Telemedicine. Therefore, the way FP10HP are used needs to be adapted to meet the requirements of this service.

3. Purpose:

3.1. To ensure clinical areas record and maintain safe usage, storage and monitoring of FP10HNC prescription pads, whilst Telemedicine clinics are being held

4. Definitions:

4.1. FP10HNC – Hospital prescription (green) that can be dispensed by a pharmacy contractor to the NHS

4.2. FP10PN – a prescription (lilac) that is used by non-medical prescribers to issues outpatient prescriptions that can be dispensed by a pharmacy contractor to the NHS

4.3. EKHUFT – East Kent Hospital University Foundation Trust

5. Scope:

Consultants and representatives that are using FP10HNC as part of the Telemedicine clinics across the Trust and outpatient department who manage FP10HNC distribution for these clinics.

6. Location:

Across Trustwide Telemedicine clinics at EKHUFT

7. Responsibility:

Outpatient department manager and prescribers using the FP10HNC

8. PROCEDURE

8.1. Ordering of prescription pads from Pharmacy

8.1.1. Prescription pads can only be ordered if the ward/department has been approved to order/use FP10's.

- 8.1.2. If more prescription pads are required, registered NMPs (non-medical prescribers) can order more through the pharmacy department.
- 8.1.3. Authorised members of staff should submit prescription pad requests via a pre-printed order form.
- 8.1.4. Pre-printed order forms are available from pharmacy.
- 8.1.5. Completed order forms can be dropped off at pharmacy or emailed to ekh-tr.pharmacy-distribution@nhs.net
- 8.1.6. No more than 5 pads can be ordered at any one time (unless explicitly agreed beforehand with the Director of Pharmacy).

8.2. Receipt of prescription stationery:

- 8.2.1. Prescription stationery should be recorded as they are controlled documents.
- 8.2.2. All prescription stationery must be stored in a locked cupboard when not in use.
- 8.2.3. Keys to access these cupboards should be held by one responsible individual at all times.
- 8.2.4. All details around prescription stationery must be recorded on 'Appendix A: Record of Receipt and Issue of FP10 Prescriptions in a Clinic Setting'.
- 8.2.5. Upon receipt of new prescription stationery, record the following details on Appendix A:
 - The clinic/department accepting the stationery
 - The date the stationery has been received by the clinic/department
 - The reference number of the first prescription in the new FP10 pad
 - The reference number of the last prescription in the new FP10 pad
 - The name of the member of staff receiving the stationery

8.3. Issuing of prescription stationery to prescribers:

- 8.3.1. The clinical department must hold a specimen signature list for each prescriber in that area.
- 8.3.2. Specimen signature lists must be updated at least once a year.
- 8.3.3. Specimen signature lists may be updated more than once a year when necessary e.g. if new prescribers need to be added.
- 8.3.4. Prescribing staff details must be removed from the lists upon leaving the Trust.
- 8.3.5. A specimen signature list should be available to allow staff members to easily identify whether prescribers are permitted to prescribe on FP10HNC's.
- 8.3.6. Before issuing prescription stationery to a prescriber, check that they are on the specimen signature list.
- 8.3.6.1. Prescription stationery may be issued to a prescriber representative if they have a completed 'Telephone clinic prescription request form (Appendix B). No more than 10 prescriptions may be issued at any one time and prescriber/representatives should order the minimum quantity they expect to require.

- 8.3.7. Prescribers must only be issued the prescription form with the correct cost code stamped on the bottom of the form for their Area, Speciality or Care Group.
- 8.3.8. Before issuing any prescription stationery to a prescriber, record the following details on Appendix B:
- The prescriber's name, signature and GMC number and name, role and signature of their representative, the date of the clinic, clinic speciality and number of FP10HNC required (maximum of 10 FP10HP's)
 - The serial numbers of each FP10HNC received should be added to appendix B
 - On returning to the prescriber the representative must hand over the prescription forms and Appendix B to the prescriber and the prescriber must sign the sheet to confirm acceptance
 - FP10 HNCs used during the clinic must be posted to the patient via recorded delivery or sent to pharmacy and this must be recorded on Appendix C . At the end of the clinic any remaining FP10HNC's and the record sheet must be returned to the representative, who must sign for receipt on appendix B before returning the form and any unused prescription stationery to the outpatient area, where they must be signed back in with the outpatient department staff. The individual from outpatients receiving the unused FP10HPs must sign appendix B, this will then be retained by the clinic.
 - On return of the FP10HNCpad from the prescriber/representative, record the following details on Appendix A:
 - The reference number of the top prescription in the FP10HNC pad on handing in
 - The name and signature of the member of staff receiving the stationery from the prescriber

8.4. Checking prescription stationery:

- 8.4.1. Prescription stationery should be checked weekly by two members of staff.
- 8.4.2. All staff involved in the checking process should sign and date in the appropriate sections of Appendix A to indicate that a check has been done.
- 8.4.3. Any discrepancies must be investigated and reported promptly.
- 8.4.4. If discrepancies are identified, please refer to 'Policy and Procedure for the Use of FP10HNC, FP10P Prescription Pads' (available via 4policy)

8.5. Destruction and disposal of prescription stationery:

- 8.5.1. Occasionally, prescription stationery may be found to be not fit for purpose due to markings or imperfections, or because a prescription has been written incorrectly.
- 8.5.2. Destruction and disposal of prescription stationery must always be witnessed by another member of staff.
- 8.5.3. If prescription stationery is to be disposed of, record the following details on Appendix A:
- The date the prescription has been deemed not fit for purpose
 - The reference number of the FP10HNC being disposed of

- The signature of the prescriber who has written/identified the prescription
- The signature of the individual who is witnessing the destruction and disposal of the prescription
- Mark 'DESTROYED' in the column headed 'top prescription reference number on handing in'

8.5.4. FP10HNCs's that are to be disposed of must always be shredded.

8.5.5. The shredded contents should then be placed into a confidential waste bin with a locked lid straight afterwards.

Distribution: Trustnet at URL:

<https://www.ekhuft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=486668&servicetype=Attachment>

Known risks: New Staff; staff not correctly following this procedure, resulting in falsely positive or negative results.

Review: This SOP will be reviewed on the review date (no more than 2 years) or following any incident involving part of the process described in the SOP. The review period will be the result of agreement between the owner of this procedure and the person authorising it.

APPENDICES:

Appendix A: Record of Receipt and Issue of FP10 Prescriptions in a Clinic Setting

Appendix B: Request record for prescription stationery for a telemedicine clinic

Appendix C : Telemedicine/Telephone consultation Prescription Log

Appendix A: Record of Receipt and Issue of FP10 Prescriptions in a Clinic Setting

RECORD OF RECEIPT AND ISSUE OF FP10 PRESCRIPTIONS										Clinic/Dept:									
Date new FP10 pad received					Ref number of first prescription on pad					Ref number of last prescription on pad					New FP10 pad received by				

- This form must be stored safely and securely alongside all FP10 prescriptions
- Completed forms must be stored in the relevant department for 2 years
- Any unaccountable FP10s must be reported promptly, as per the relevant procedure
- If additional copies of this form are required, please contact Pharmacy

Top prescription reference number on <u>handing out</u>	Date issued	Prescriber name, GMC number and signature	Issued by: (Name and signature)	Top prescription reference number on <u>handing in</u>	Received by: (Name and signature)
Weekly check carried out by: <i>Document date and initials of staff</i>					

[illegible]

This must be completed in **ADDITION** to Record of Receipt and Issue of FP10 Prescriptions in a Clinic Setting recording sheet

[illegible]

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THIS SECTION IS ONLY FOR SOPs BEING DISTRIBUTED OUTSIDE OF PHARMACY

Pharmacy Department Standard Operating Procedure (SOP)

I confirm that I have read, and agree to adhere to the Pharmacy Department Standard Operating Procedure relating to..... (FILL IN WITH SOP TITLE)

[illegible]