

STANDARD OPERATING PROCEDURE:	SECURITY AND HANDLING OF PRESCRIPTIONS
SOP NO:	TW10-037 SOP 22
VERSION NO:	2
APPROVING COMMITTEES:	PQSG (Pharmacy Quality and Safety Group) MMSB (Medicines Management Strategy Board)
DATE THIS VERSION APPROVED:	September 2020
RATIFYING COMMITTEE:	PARG (Policy Approval and Ratification Group)
DATE THIS VERSION RATIFIED:	October 2020
AUTHOR(S) (JOB TITLE)	PPRG (Pharmacy Procedure Review Group)
DIVISION/DIRECTORATE	MEDICINE/PHARMACY
LINKS TO OTHER POLICIES, SOP'S, STRATEGIES ETC:	TW10-037 Medicines Management Policy
CONSULTED WITH	PQSG Membership MMSB Membership

Date previous version(s) ratified:	Version: 1	Date: December 2016
DATE OF NEXT REVIEW:	October 2023	
Manager responsible for review (Job title) <i>N.B. This should be the Author's line manager</i>	Director of Pharmacy	

**AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

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1 INTRODUCTION

- 1.1 This SOP details the way in which prescription forms are to be managed through the entire chain of custody from receipt to final issue to ensure security of the forms and prevent theft and abuse. It details actions to be taken when an incident occurs.
- 1.2 This SOP reflects guidance on the subject found in the NHS Counter Fraud Agency (NHSCFA) “Management and Control of Prescription Forms” guidance published in March 2018. This SOP will be updated in line with this guidance as and when it changes.

2 PURPOSE

- 2.1 The effective management of prescription forms (including storage and access by only appropriate personnel) is very important to prevent abuse, theft and subsequent risks to patient and staff safety. Achieving this requires staff who are security conscious and treat prescription forms as valuable items with an awareness of the need for careful handling to prevent misuse.
- 2.2 Prescription fraud costs the NHS a significant amount each year in financial and human terms (be that funding of crime, to facilitate misappropriation of controlled drugs or other uses) and so the forms must be protected at all times. A system must be in place to record all forms entering the organisation as well as to whom they are issued. Staff receiving forms must be made aware of their responsibilities for safe storage and the procedure to follow if forms are lost/stolen.

3 SCOPE

- 3.1 This SOP applies to all staff within the Acute Trust and Community Settings, particularly staff with prescribing rights and those who are not prescribers but have dealings with handling of prescription forms due to their role.
- 3.2 In the event of a major incident, flu or failure of electronic systems, it is recognised that it may not be possible to adhere to all aspects of this document. In these circumstances, specific guidance will be produced by the Director of Pharmacy and/or Deputies as to the procedures to be followed to maintain patient and staff safety during such times.
- 3.3 All staff are required to remain vigilant to issues of prescription security and report any concerns directly to the Director of Pharmacy or deputies in the first instance.
- 3.4 The guidance in this SOP may not cover every situation encountered but should be used to aid development of specific procedures to ensure that the principles of prescription security can be maintained throughout the organisation.

4 CENTRAL MANAGEMENT OF PRESCRIPTION FORMS

- 4.1 Pharmacy Stock Control
 - 4.1.1 The Associate Director of Pharmacy (Governance and Risk) will maintain a database on the pharmacy servers that holds accurate and complete records of required information.
 - 4.1.2 Receipt details to be recorded are; recipient, quantity, item code, serial numbers.
 - 4.1.3 Storage details to be recorded are; Storage locations and current inventory.
 - 4.1.4 Issue details to be recorded are; issuer and recipient, quantity, item code, serial numbers.
 - 4.1.5 Serial numbers or any unused prescription forms that have been returned will be recorded.
 - 4.1.6 Details of prescription forms that have been destroyed will be recorded.

4.1.7 Records shall be kept for a minimum of 2 years – all receipts are scanned and kept indefinitely (patient data is not included).

4.2 Ordering of prescription forms

4.2.1 All new prescribers or specialties must be registered on the NHS Business Services Authority (NHSBSA) Prescription Pricing Database (PPD) before prescription forms can be ordered. The Director of Pharmacy is responsible for registering new specialties with the NHSBSA PPD.

4.2.2 The Director of Pharmacy or Deputies may order stocks of prescription forms on behalf of the Trust and are registered with the NHSBSA for this purpose.

4.2.3 All requests for prescription forms for authorised specialties and/or authorised prescribers must be placed through the Pharmacy Department within weekday working hours.

4.2.4 Requests for prescription forms must be received in writing (e-mail or letter) seven working days before they are needed.

4.2.5 The Director of Pharmacy or Deputies will assess the validity of the request and the requestor before ordering.

4.3 Staff authorised to write prescriptions

4.3.1 General practitioners/doctors/GP locums.

Only prescribers who are fully registered with the GMC are allowed to prescribe on FP10HNCs. Foundation Year 1 doctors are not eligible to prescribe on FP10HNCs, although they may prescribe any medicines (including controlled drugs) that they have competence and understanding of on prescriptions for dispensing at any of the Trust pharmacies.

4.3.2 Dentists.

4.3.3 Independent Prescribers, e.g. nurses, midwives, pharmacists, physiotherapists, podiatrists, paramedics, optometrists and therapeutic radiographers

4.3.4 Supplementary prescribers, e.g. nurses, midwives, pharmacists, physiotherapists, radiographers, chiropodists/podiatrists, optometrists, paramedics, diagnostic radiographers and dieticians who have completed an approved education programme and are annotated on the relevant register as a supplementary prescriber.

4.3.5 Community Practitioner Prescribers (District Nurses and Health visitors).

4.3.6 A database of non-medical prescribers (NMPs) is held of these within the pharmacy. Contact the local pharmacy department for detail of NMPs and the medicines that they are permitted to prescribe, if needed.

4.4 Checks required when ordering prescriptions.

Managers should satisfy themselves that any independent/ supplementary prescriber/ community practitioner prescriber working within their department/specialty has completed the appropriate training and is listed on the relevant professional membership register. This check should be conducted before prescription pads can be issued.

4.5 Delivery, receipt and storage in the Pharmacy Department.

4.5.1 Prescription forms are ordered from the contracted secure printer and delivered directly to the Director of Pharmacy or their deputy only.

4.5.2 Deliveries of prescription forms will be checked against the delivery note and any discrepancies will be queried immediately with the supplier and documented.

4.5.3 A record will be kept of stocks of prescription forms that are delivered and stored. These records will be kept by pharmacy as detailed in section 4.1.

4.5.4 The delivery must be thoroughly checked against the order and delivery note/receipt. The packaging should be inspected to ensure it is sealed and

unbroken. If they are collected in person then the serial number and quantity must be checked against the delivery note/receipt and signed for at the time.

4.5.5 Deliveries of prescription form stock should be securely stored as soon as practicable and treated as controlled stationery. As a minimum, prescription forms should be kept in a locked cabinet within a lockable room or area. Access to the cabinet and area must be restricted to authorised staff only.

4.6 Issue to wards, departments or prescribers

4.6.1 Ideally transfer of prescription forms should be in person.

4.6.2 Where direct transfer of prescription forms isn't possible (such as distribution to different sites) then they must be securely transported in a sealed pack/container that isn't easily identifiable as containing prescription forms.

4.6.3 Prescription forms awaiting collection should be stored securely and not left in a public place or in an area where there is unsupervised access. Secure is a locked cabinet within a lockable room or area. Access to the cabinet and area must be restricted to authorised staff only.

4.6.4 When distributing forms between hospital sites, collectors must sign (and print) for the consignment. A record of the internal distribution of prescription forms will be maintained by the pharmacy.

4.6.5 All issues will be accompanied by a receipt that must be fully completed by the issuer and recipient at the time of transfer. This will detail total quantity of forms and the serial numbers. A copy of the receipt is to be kept by the issuer and the recipient for 2 years.

4.6.6 Where prescriptions are issued to clinics/departments in bulk rather than to an individual prescriber, the clinic/departmental manager must ensure that only authorised prescribers are given access to the forms.

4.7 Destruction and disposal of prescription forms

4.7.1 New prescription forms will not be issued to prescribers who no longer work for the Trust or who have been suspended from prescribing duties.

4.7.2 All unused prescription forms relating to the prescriber must be returned to the issuer.

4.7.3 The prescription forms should then be securely destroyed by shredding, and put into confidential waste. This process must be witnessed by an independent member of staff and a record of destruction form completed. Records of forms destroyed should be scanned and kept for at least 2 years.

5 PRESCRIBER MANAGEMENT OF PRESCRIPTION FORMS

5.1 Receipt requirements.

Prescribers are responsible for keeping records of all prescription forms issued to them.

5.2 Use of prescription forms

5.2.1 Prescribers should keep a record of the serial numbers of prescription forms issued to them. 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.

5.2.2 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.

5.2.3 To reduce the risk of misuse, blank prescriptions should never be pre-signed. Where possible, all unused forms should be returned to stock at the end of the session or day; they should not, for example, be left in patients' notes. Prescription forms are less likely to be stolen from (locked) secure stationery cupboards.

- 5.2.4 FP10(HNC)s may be used in Outpatient Clinics or for out-of-hours or urgent prescribing. Prescribers may prescribe for registered Trust patients only and may not prescribe for themselves or members of their family on FP10(HNC) forms as this use may be deemed to be fraudulent. The Trust reserves the right to consider criminal/disciplinary proceedings if fraudulent use is suspected.
- 5.2.5 Prescribers should prescribe within the Trust and Greater Manchester Medicines Management Group (GMMMGM) formulary. Detail can be found on the GMMMGM website: gmmgm.nhs.uk.
- 5.2.6 In the case of uncertainty, speak to the Divisional Principal Pharmacist.

5.3 Storage of prescription forms

- 5.3.1 Store in a locked drawer/cabinet in a lockable room with restricted access to authorised staff.
- 5.3.2 Prescribers are responsible for the security of prescription forms once issued to them, and should ensure they are securely locked away when not in use. Where smaller amounts of prescription form stock is being centrally managed, for example by a manager for a small team of prescribers, managers should ensure a process is in place to record relevant details in a stock control system, preferably using a computer system to aid reconciliation and audit trailing.
- 5.3.3 Records of serial numbers received and issued should be retained for at least three years. It is advisable to hold minimal stocks of prescription stationery. This reduces the number of forms vulnerable to theft and helps to keep stocks up-to-date.

5.4 Duplicate/spoiled prescription forms and destruction process

- 5.4.1. If an error is made in a prescription, best practice is for the prescriber to do one of the following:-

- 5.4.1.1 Put a line through the script and write "spoiled" on the form.
- 5.4.1.2 Cross out the error, initial and date the error, then write the correct information.
- 5.4.1.3 Destroy the form and write a new prescription.

- 5.4.2 There may be reasons for a prescription to be deemed spoilt other than error. Rather than just destroying or returning these forms, best practice is to retain them securely for local auditing purposes for a short period before destruction.

5.5 Locums/agency staff

- 5.5.1 Operational and/or Departmental Managers should keep a record of prescription forms/pads issued to locums and a record of the clinics where they will issue prescriptions.
- 5.5.2 Wherever possible, single forms should be issued to locum/agency staff for use in prescribing to a single patient at a time.

6 REPORTING AND AUDIT

6.1 Prevention of theft and loss of prescription forms

- 6.1.1 The security of prescription forms is the responsibility of both the organisation and the prescriber.
- 6.1.2 Operational and/or Departmental Managers should designate a member of staff to accept overall responsibility for ordering, receipt, storage and transfer and access to and overall security of prescription stationery.
- 6.1.3 This person needs to be an appropriate grade/level of responsibility and should be able to ensure appropriate security measures are implemented and maintained.

Arrangements should include the nomination of “a deputy” who can act on behalf of the designated person in their absence.

- 6.1.4 In addition, stock checks should be undertaken on a regular basis – at least quarterly. Wherever possible, there should be a separation of duties between the ordering, receipting and checking of prescription forms.

6.2 Audit trails

All systems should be auditable and allow the “history” of a prescription to be traced from receipt of the blank form to when it is prescribed.

6.3 Lost or stolen prescription forms

- 6.3.1 In the event of a loss or suspected theft of a prescription form, the person discovering the incident should initiate a search and try to establish the circumstances under which the forms have gone missing.
- 6.3.2 If the missing forms cannot be accounted for, the matter should be reported to the Director of Pharmacy (or deputy) for further action.
- 6.3.3 In the event of such an incident, the Director of Pharmacy (or deputy) will conduct an investigation and/or request advice from the Security Manager and/or notify the police, as appropriate.
- 6.3.4 The member of staff reporting the incident should complete an Adverse Incident Report on DatixWeb. Any theft or loss report must include the following details:-

6.3.4.1 Date and time of loss/theft.

6.3.4.2 Date and time of reporting loss/theft.

6.3.4.3 Place where loss/theft occurred.

6.3.4.4 Type of prescription stationery.

6.3.4.5 Serial numbers.

6.3.4.6 Quantity.

6.3.4.7 Member of staff issued to.

- 6.3.5 Prescription losses should be shared with the local intelligence network. This will be done by the Director of Pharmacy (or deputy).
- 6.3.6 Staff may also report any concerns about fraud to the confidential NHS Fraud and Corruption Reporting Line on 0800 028 4060 or by contacting the Trust Anti-Fraud officer on 01257 256204.
- 6.3.7 Restrictions may be required for the prescriber that has had prescription forms stolen/lost such as writing in a coloured pen. This will be advised at the time as appropriate.

6.4 Alerts

- 6.4.1 NHS Protect operates a national alert system to notify local trust security and anti-fraud officers of potential threats, individuals, organisations, requests for information from the police, security breaches and risks of fraud and corruption.
- 6.4.2 The local officer(s) will inform the Director of Pharmacy (or deputy) of any potential incident who, in turn, will cascade the information to Senior Pharmacists for transmission within the organisation, as appropriate.

6.5 Verification of prescriptions

- 6.5.1 Prescriptions presented to community pharmacies for unusual/unexpected items or expensive items and large doses or quantities should always be checked with the prescriber to ensure the prescription is genuine.
- 6.5.2 The Trust should keep a list of all the authorised prescribers employed by them and the items they can prescribe.

6.5.3 It is good practice to keep a copy of the prescribers' signatures so that if there is any doubt about the authenticity of a prescription which cannot be checked at the time with the prescriber, then at least the signature can be checked.

6.5.4 If corrections on a prescription form have not been initialled and dated, pharmacists should try to contact the prescriber to verify the changes. If they are unable to do this, the concern should be reported to the Director of Pharmacy (or deputy) for further investigation.

6.6 Incident investigation

6.6.1 All incidents involving lost/missing/stolen prescription forms, irrespective of whether the police are pursuing sanctions against the offender, should be reported to the Director of Pharmacy (or deputy).

6.6.2 An adverse incident report should also be completed on DatixWeb.

6.6.3 The level of investigation of missing, lost or stolen prescription forms will depend on the nature of the incident. In the event of an incident, the Associate Director of Pharmacy will conduct an investigation and/or request advice from the local security and anti-fraud officers, and/or notify the police, as appropriate.

6.6.4 The investigation will determine the cause of the incident and whether further actions need to be taken in the areas of pro-security culture, deterrence, prevention or detection.

6.6.5 Any such actions will inform revision of procedures and systems to ensure the best possible measures can be put in place to hinder the theft or misuse of prescription forms.

7 REVIEW ARRANGEMENTS

7.1 This procedure will be reviewed when there are any major changes in the national guidance on prescription security. In any event it will be reviewed every 3 years.

7.2 Pharmacy Staff: Monitoring of adherence to the SOP is described in the associated Pharmacy Procedure Review Policy. All pharmacy staff will be expected to maintain a list to show that they have read all pharmacy and Medicines Management SOPs read during the calendar year prior to their annual Performance Review.

7.3 The Associate Director of Pharmacy (Governance & Risk) will review prescription stocks every 3 months and provide assurance to Medicines Management Strategy Board that all prescriptions have been safely and securely stored in that period or provide a discrepancy report if applicable.

7.4 All prescription form incidents will be investigated fully as per this SOP and a full report provided to Medicines Management Strategy Board for review by the Director of Pharmacy. If changes to the SOP are required as a result it will be updated and submitted for approval accordingly.

8 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

9 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77(3766) or email equalityanddiversity@wwl.nhs.uk.

Suggested Local Prescription Form Register Detail**Instructions for Completion of a Suggested Prescription Form Register**

Individual departments or wards may determine the format of their own prescription form register and this may be electronic or physical, but the following details should be recorded:

1. **Date Ordered** – Date the new prescriptions were ordered from Pharmacy Department by the nominated person with this responsibility.
2. **Ordered by (initials)** – Initials of the person who placed the order.
3. **Amount Ordered** – Number of prescription pads ordered.
4. **Date Received/Collected** – Date the prescriptions were received/collected from Pharmacy Department and placed in the lockable prescription store.
5. **Amount Received/Collected** – Total number of prescription pads received.
6. **Received/Collected by (initials)** – Initials of the person who received/collected the prescriptions from Pharmacy Department.
7. **Serial Numbers** – The first and last serial number of each prescription pad should be recorded.
8. **Stored by (initials)** – Initials of the person who placed the prescriptions in the store and who completed the register.
9. **Date Taken for Use** – Date the pad was removed from the store for use by the prescriber or locum.
10. **Taken by (initials)** – Initials of the person removing the prescription pad from the store.
11. **Given to (prescriber/locum/location)** – The name of the prescriber/locum and the location where the pad will be used.

Excerpt from Pharmacy Prescription Form Log

The following excerpt from the Pharmacy Prescription database is for information as to detail recorded. It has been anonymised for security purposes but all these details are recorded.

Type of Prescription	Order Numbe	Start	End	Packs	Other	Issued To	Date
copd assessment unit	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx			xxxxxxxxxxxx	xxxxxxxxxxxx
copd assessment unit	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx			xxxxxxxxxxxx	xxxxxxxxxxxx
copd assessment unit	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx			xxxxxxxxxxxx	xxxxxxxxxxxx
copd assessment unit	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx			xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
Discharge Letters	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	singles		xxxxxxxxxxxx	xxxxxxxxxxxx
FP10 A and E GPS	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx
FP10 A and E GPS	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx
FP10 A and E GPS	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx
FP10 A and E GPS	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx
FP10 A and E GPS	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx
FP10 A and E GPS	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx
FP10 A and E GPS	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx
FP10 A and E GPS	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx
FP10 A and E GPS	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx
FP10 A and E GPS	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx

Issue/Receipt Form

Pharmacy Department
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Official Issue & Receipt Form – FP10(HP) Green Forms

THIS IS NOT A VALID DOCUMENT FOR RELEASE OF FORMS

PERSON/DEPARTMENT ISSUED TO: Ward X, RAEI

Number of prescription pads issued: X

Table with 4 rows and 5 columns. Columns: Serial Number, Start Serial Number, End Serial Number, Start Serial Number, End Serial Number.

Received By:

Signature
Print Name
Date

Issued By:

Signature:
Print Name:
Date:
Job Title:

Proof of ID of recipient:
.....

Destruction Form

Pharmacy Department
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

DESTRUCTION Form – FP10(HP) Green Forms

PERSON/DEPARTMENT ISSUED TO: Ward X, RAEI

Number of prescription pads destroyed: X

Table with 4 rows and 4 columns: 1 Start Serial Number, End Serial Number, 2 Start Serial Number, End Serial Number, 3 Start Serial Number, End Serial Number, 4 Start Serial Number, End Serial Number

Destroyed By:

Witnessed By:

Signature
Print Name
Job Title
Date

Signature:
Print Name:
Job Title:
Date:

Reason for destruction – to be completed in all cases:

THIS IS NOT A VALID DOCUMENT FOR RELEASE OF FORMS
Form to be kept for 7 years
Original with person destroying form
Copy with Deputy Chief Pharmacist (Governance)

References

Management and control of prescription forms; A guide for prescribers and health organisation;
NHSCFA March 2018 version 1.0

Protocol for the Security of Prescription Forms: Portsmouth Hospitals NHS Trust v3 2014-2016

Security of Prescription Forms Guidance: Updated August 2013, NHS Protect.

An Organisation-Wide Policy for the Development and Management of Procedural Documents:
NHSLA, May 2007.