Leicestershire Partnership NHS Trust

Secure Handling and Storage of Prescription Stationery Policy

This policy has been developed to ensure the security of prescription forms against theft and abuse and details action to be taken for the reporting of any loss or theft of prescription stationery.

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Contents

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Policy on a page

For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy.

1. Prescription forms are a valuable asset and must remain protected and secure at all times.

2. Clear records will be kept on prescription stationery stock that is received and distributed. This will allow a full audit trail in the event of any security incident.

3. Stocks of prescription stationery should be kept in a secure room with access limited to those responsible for prescription forms.

4. Distribution of prescription forms within the Trust should be discreet.

5. Clear records will be kept of the prescriptions ordered by and issued to authorised prescribers.

6. Prescribers are responsible for the security of prescription forms once issued to them and should ensure they are locked away securely when not in use.

7. In the event of a loss or suspected theft or misuse of a prescription form, the prescriber or staff member should notify the Head of Pharmacy or Pharmacy Services Manager and complete an Electronic Incident Reporting form on Ulysses, as soon as possible.

8. In the event of an incident, the Head of Pharmacy will conduct an investigation and/or request advice from the Local Counter Fraud Service, and/or notify the police, as appropriate.

Summary and Aim

This policy is for prescribers of medicines (including contractors, locum staff, NMP's in all settings, pharmacists, dispensing staff, heads of Pharmacy, staff who manage and administer prescription forms in the NHS, accountable officers for controlled drugs, Local Security Management Specialists (LSMSs) and Local Counter Fraud Specialists (LCFSs).

The policy document defines the precautions necessary to reduce the risk of prescription loss, theft and fraud in services provided by the Trust and describes the process that must be followed when such an incident occurs. The document discusses a range of measures available to prevent and tackle the problem of prescription form theft and misuse at a local level and outlines the recommended action for when an incident occurs.

Definitions that apply to this Policy

Prescription Forms (Manual FP10HNC)	Hand-written prescriptions uniquely numbered pre-printed stationery for GP's and Hospitals. Issued in pads of 50 forms. (Green)
Prescription Forms (FP10P)	Hand-written prescriptions uniquely numbered pre-printed stationery for non-medical prescribers. Issued in pads of 50 forms. (Lilac)
Authorised Prescribers	Registered medical or non-medical practitioners working within the Trust.
Authorised Specialties	Those specialist departments registered to receive FP10 prescription forms.
CDAO	Controlled Drugs Accountable Officer
ePMA	Electronic Prescribing and Medicines Administration
EPS	Electronic Prescription Service
Ulysses	Electronic Reporting Form (Safeguard).

LCFS	Local Counter Fraud Specialist.
LSMS	Local Security Management Specialist.
NHSCFA	NHS Counter Fraud Authority
Prescriptions Forms (Electronic FP10ss)	Blank prescriptions for use with the Trusts electronic prescribing system, issued in packs of 100 forms.
Specialty Code	Code used to identify a specific prescriber or specialty.
NMP	Non-Medical Prescribers.

1. Purpose of the Policy

This policy has been developed to ensure the secure management, storage, handling, and use of prescription stationery, and to minimise the risk of theft, loss, fraud, or misuse. It also outlines the actions required in the event of suspected or confirmed loss, theft, or inappropriate use of prescription forms. The policy has been developed in accordance with the NHS Counter Fraud Authority guidance document Management and Control of Prescription Forms.

This policy applies to all staff employed by Leicestershire Partnership NHS Trust who are involved in the prescribing, dispensing, management, handling, storage, transportation, or administration of prescription stationery. This includes authorised prescribers, dispensing staff, administrative staff, managers, and any other personnel with responsibility for prescription forms at any level or location within the Trust.

2. Introduction

The Trust utilises the NHS Electronic Prescription Service (EPS) as the primary method for generating and transmitting prescriptions electronically to a patient's nominated pharmacy. The use of EPS reduces reliance on paper prescription forms, enhances security and auditability, improves prescribing efficiency, and supports the reduction of risks associated with lost, stolen, fraudulent, or altered prescription stationery.

Electronic prescribing via EPS should be the default prescribing method wherever it is clinically appropriate and technically available. Paper prescription forms should only be used as a contingency measure during system outages, business continuity incidents, or where EPS functionality is unavailable, unsuitable, or there is a specific

clinical, operational, or patient-related requirement that necessitates the use of a paper prescription.

This policy therefore supports the safe, secure, and controlled use of paper prescription stationery where its use remains necessary. It defines the governance arrangements, responsibilities, and security measures required to ensure that paper prescriptions are appropriately ordered, stored, issued, monitored, and disposed of, and that they are protected from loss, theft, unauthorised access, fraud, or misuse at all times.

3. Duties within the Organisation

- The Head of Pharmacy is responsible for overseeing the ordering, receipt, storage, transfer, access to and overall security of prescription stationery.
- The Pharmacy Services Manager will act as a deputy or second point of contact in the absence of the Head of Pharmacy and will be responsible for keeping an account of the prescriptions ordered and issued to authorised specialties.
- NMP Leads will be responsible for ensuring that suitable arrangements are in place for keeping an account of the prescription forms ordered and issued in their directorate.
- Operational Managers / Service Leads will be responsible for ensuring that records are kept of the prescriptions ordered by and issued to authorised prescribers.
- Authorised prescribers will be responsible for the safe keeping of prescription forms in their possession at all times, and for maintaining records of prescription form serial numbers issued to them.
- All staff are responsible for ensuring the security of prescription forms and the reporting of incidents to the Head of Pharmacy or their deputy.

The following people can write NHS prescriptions:

- General practitioners/doctors/GP locums

- Hospital prescribers – can prescribe medication to be dispensed in community pharmacies. Prescribers working in hospital outpatient substance misuse clinics can also issue special instalment NHS prescriptions.

- Non-Medical Prescribers - For further details regarding the professional groups to which this applies and their authority to prescribe, refer to the Trust Non-Medical Prescribing Policy.

4. Process

4.1 Prescription Stationery Stock Control

Clear, accurate, and auditable records must be maintained for all prescription stationery received, stored, issued, returned, transferred, and destroyed. These records are essential to support stock control, traceability, accountability, and the prevention and detection of fraud, loss, or misuse. Suitable record templates are provided in Appendix E and Appendix F.

Records must be maintained in a timely manner and retained securely in accordance with NHS record management requirements.

As a minimum, the following information must be recorded:

- Details of prescription stationery received, including quantities, prescription type or specialty code, and serial number ranges.
- The location where prescription stationery is stored, including any transfer between departments or sites
- The date prescription forms are issued to a clinical area, service, or individual authorised prescriber
- The name and designation of the individual issuing the prescription forms
- The name and designation of the individual receiving the prescription forms, together with the associated serial numbers or serial number ranges issued
- Details and serial numbers of any unused prescription forms returned to stock
- Details of any prescription forms reported as lost, stolen, damaged, voided, or destroyed, including the action taken and authorising individual where applicable
- Records of prescription forms destroyed, including serial numbers, date of destruction, method of destruction, and the individuals witnessing and authorising destruction

All records relating to FP10 prescription stationery receipt, issue, return, reconciliation, and destruction must be retained for a minimum period of three years from the date of the final entry.

4.2 Ordering

All new specialties and Non-Medical Prescribers (NMPs) must be registered with the NHS Business Services Authority (NHSBSA) before prescription forms can be ordered or issued. The Pharmacy Services Manager and/or NMP Lead are responsible for ensuring that new specialties, services, and authorised individual prescribers are appropriately registered with the NHSBSA prescribing database prior to the commencement of prescribing activity.

The Pharmacy Services Manager, NMP Lead, and formally authorised deputies are responsible for ordering prescription stationery on behalf of the Trust and must be registered with the NHSBSA for this purpose. Ordering arrangements must be managed in accordance with local operating procedures to ensure appropriate governance, stock control, segregation of duties, and security of prescription stationery. For security reasons, detailed operational ordering procedures are maintained separately from this policy and will only be accessible to authorised staff.

Prescription forms must only be ordered in quantities appropriate to operational need and should be subject to regular stock reconciliation and review. Excessive stockholding should be avoided to minimise the risk of loss, theft, or misuse.

Prescription forms must not be issued to prescribers who:

- Have left Trust employment
- Have transferred to another organisation or service where prescribing rights no longer apply
- Have had their prescribing authority removed or restricted
- Are suspended from prescribing duties for any reason

Where a prescriber leaves employment, changes role, or ceases prescribing activity, all unused prescription forms in their possession must be returned immediately to the individual responsible for issuing the forms. Records relating to the issued serial numbers must be updated accordingly to maintain a complete audit trail.

Returned prescription forms must be securely destroyed in accordance with Trust confidential waste and prescription stationery destruction procedures. The destruction process must be witnessed by an independent member of staff, and a record maintained detailing the serial numbers destroyed, date of destruction, method of destruction, and the names of the individuals undertaking and witnessing the process.

4.3 Delivery

Prescription forms will be delivered to the Trust by the contracted secure printer acting on behalf of the NHS Business Services Authority (NHSBSA). All deliveries of prescription stationery must be received in sealed packaging and signed for by an authorised member of staff upon receipt.

On receipt, prescription forms must be checked promptly against the delivery documentation to confirm that the quantities, prescription types, and serial number ranges received are correct and complete. Any discrepancies, signs of tampering, missing items, or concerns regarding the integrity of the delivery must be reported immediately to the Pharmacy Services Manager and escalated in accordance with local incident reporting and counter fraud procedures.

Prescription stationery deliveries must be handled securely at all times and must never be left unattended in public areas, reception areas, unsecured offices, vehicles, or locations where there is unsupervised or unauthorised access. Pending distribution or issue, prescription forms must be stored within a secure, access-controlled location in accordance with this policy and local procedures. Access to stored prescription stationery must be restricted to authorised staff only.

The operational process for the receipt, storage, transfer, and distribution of prescription forms to hospital pharmacies, outpatient departments, health centres, community hospitals, and other clinical services is detailed within local procedures. For security and counter fraud reasons, detailed procedural arrangements are maintained separately from this policy and will only be accessible to authorised personnel.

4.4 Receipt and Storage

A clear and auditable record must be maintained for all stocks of prescription forms that are received, stored, transferred, issued, returned, or destroyed. Records should be maintained at each stage of the distribution process, including by Pharmacy, specialty, department, and individual prescriber, to ensure full traceability and accountability of prescription stationery.

The following information should be recorded within the prescription stationery stock control system:

- Date of delivery or receipt
- Name and designation of the individual accepting delivery
- Details of prescription forms received, including quantity and serial number ranges
- Storage location of the prescription forms
- Date of issue or transfer
- Name and designation of the individual issuing the prescription forms
- Name and designation of the individual or department receiving the prescription forms
- Number of prescription forms issued
- Details of the authorised prescriber associated with the prescription forms
- Serial numbers or serial number ranges of prescription forms issued

Records relating to the receipt and issue of prescription form serial numbers must be retained securely for a minimum period of three years.

Stocks of prescription stationery must be stored securely at all times. Wherever possible, prescription forms should be kept within a secure room with access restricted to authorised personnel responsible for the management of prescription stationery. Where a secure room is not available, prescription forms must be stored within a locked safe, cabinet, or cupboard with controlled and restricted access. Keys, swipe card access, or other access rights must be managed through a formal

authorisation process, with records maintained of those permitted access. These arrangements must support a full audit trail in the event of any loss, theft, or security incident.

Once prescription forms have been issued, the authorised prescriber becomes responsible for their safe custody and security. Prescription forms must be stored securely when not in use and must never be left unattended in clinical areas, vehicles, offices, or other unsecured locations. Prescribers should maintain an up-to-date record of the serial numbers of prescription forms issued to them to support prompt identification and reporting of any missing, lost, or stolen prescriptions.

4.5 Distribution

Hospital Prescribers

Distribution of prescription forms within the hospital should be discreet. The container used to distribute the forms should be sealed to prevent access during transit. Those awaiting collection should be stored securely and not left in a public place or in an area where there is unsupervised access. When distributing forms between hospital sites, the driver should sign for the consignment.

On distribution within and between hospitals and their sites, a designated person must sign for the prescription forms received from delivery staff and record the serial numbers.

Community Based Prescribers

Upon receipt of prescription forms, an appropriate process must be in place to record all relevant details of the prescription stationery received, including quantities, serial numbers, date of receipt, and the individual accepting delivery. Records must be maintained accurately and contemporaneously to ensure full traceability and accountability of prescription stationery at all times.

The authorised prescriber, or the department responsible for the prescription forms, must ensure that suitable arrangements are in place at their base location for the prompt and secure storage of prescription forms immediately following delivery. Prescription stationery must not be left unattended or stored in unsecured locations at any stage of the receipt or distribution process.

The operational process for the delivery and distribution of prescription forms to hospital pharmacies, outpatient departments, health centres, community hospitals, and other clinical services is detailed within local procedures. For security and counter fraud reasons, detailed procedural arrangements are maintained separately from this policy and are only available to authorised personnel.

4.6 Security of Computer Systems

Single sheet prescription forms (FP10ss) for use with the ePMA systems should be afforded the same security controls as prescription pads. It must be recognised that these forms are acceptable in handwritten form, so it is not acceptable to leave the forms in printer trays when not in use.

All staff authorised to access ePMA systems must use individual user authentication credentials, including unique passwords and/or NHS smart card access. Authentication details must only be known to the individual user and must not be shared under any circumstances. System password controls should enforce regular password changes in line with Trust Information Governance and cyber security requirements.

Staff must not share passwords, smart cards, login credentials, or leave systems logged in and unattended, as all prescribing activity and prescription generation undertaken within the system will be attributable to the authenticated user whose details are recorded within the electronic prescribing record and printed on the FP10SS prescription form where applicable.

Each authorised user is individually accountable for all prescribing activities undertaken in their name. Unauthorised use, credential sharing, or failure to maintain the security of authentication details may result in inappropriate prescribing, fraud risk, patient safety concerns, and potential disciplinary action in accordance with Trust policies.

4.7 Transporting and Taking Prescription Stationery Home

Teams that work across many sites, visit patients at home or cover a large geographical area will need to transport prescriptions and may need to take them home at the end of the day. Prescribers working in the community should take suitable precautions to prevent the loss or theft of prescriptions, such as ensuring prescription pads are carried in an unidentifiable lockable carrying case and out of site in a vehicle (e.g. glove compartment or boot). Only a small number of prescriptions should be transported based on that days' anticipated workload to minimise loss. Staff should also record the serial numbers of prescriptions they are carrying. As far as possible, prescriptions should not be left unattended in a vehicle. If they have to be left unattended in a vehicle, they should be stored out of sight, in a locked compartment (e.g. glove compartment or boot) and the vehicle should be fitted with an alarm. At the end of the shift, prescriptions can be taken home if necessary. The prescriptions should be stored in a safe and secure location in the house. Prescriptions must not be left in the car overnight.

4.8 Posting of Completed Prescriptions

Ideally, prescriptions are handed to the patient/parent at the time of their appointment. However, it can be necessary to provide a prescription to a patient without the need to see them. For the convenience of our patients, it is possible to post completed prescriptions. When posting is necessary, the following should be considered to ensure that this process is done as safely as possible:

1. Post the prescription to a nominated Pharmacy rather than the patient's home. This will reduce the risk of delivery error and someone else in the household intercepting the prescription.

2. Ensure that the address (of the pharmacy) is correct.

3. It is considered good practice to post prescriptions for controlled drugs via recorded delivery as its' journey can be tracked.

4. Patients/parents should be notified once the prescription is posted, so they have a rough time frame as to when they can collect it.

4.9 Lost or Stolen Prescription Forms

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. If the missing forms cannot be accounted for, the matter should be reported to the Head of Pharmacy (or deputy) for further action.

In the event that a patient reports a lost prescription form, the incident should be recorded in the Ulysses reporting system. Before a replacement prescription is provided, a risk assessment should be undertaken to ensure that the reported loss is genuine and not an attempt to commit prescription fraud; a risk assessment should include consideration by the Team Leader / Team Manager and prescriber of the circumstances surrounding the loss of the prescription and what support the patient might require to arrange dispensing of the prescription.

As this prescription is likely to be signed by an authorised signatory with all the relevant data, the loss should be treated like all other prescription losses and local escalation and reporting procedures followed.

4.10 Reporting Missing/Lost/Stolen or Suspected Misuse of NHS Prescription Forms

In the event of a loss or suspected theft or misuse of a prescription form, the prescriber or staff member should notify the Head of Pharmacy as soon as possible. In the event of such an incident, the Head of Pharmacy will conduct an investigation and/or request advice from the LCFS and/or notify the police, as appropriate.

The member of staff reporting the incident should complete the Missing/loss/stolen NHS Prescription notification form (Appendix B) and an incident form on Ulysses.

Any theft or loss report must include the following details:

- Date and time of loss/theft
- Date and time of reporting loss/theft
- Place where loss/theft occurred
- Type of prescription stationery
- Serial numbers
- Quantity
- Details of the LSMS to whom the incident has been reported.

Prescription losses should be shared with the local intelligence network. Staff may also report any concerns about fraud to the confidential NHS Fraud and Corruption Reporting Line on 0800 028 4060.

4.11 Duplicate and spoiled prescriptions

If a duplicate prescription is accidentally written or if an error is made in a prescription, best practice is for the prescriber to do one of the following:

- Put a line through the script and write ‘spoiled’ on the form , signed and dated by the prescriber

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

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.

4.12 Destruction and Disposal

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. The person responsible for the recovery and destruction of forms should be in a position of suitable seniority. This will require liaison with the Head of Pharmacy, NHS England and subsequently NHS Business Services Authority (NHSBSA) to ensure the suppliers of the forms are aware of prescriber changes. In the case of personalised forms, suppliers will reject order details that do not match the data supplied by the NHSBSA.

Prescription forms which are no longer in use should be securely destroyed (e.g. by shredding) before being put into confidential waste, with appropriate records kept (Appendix H). The person who destroys the forms should make a record of the serial number of the forms destroyed. Best practice would be to retain these prescription forms for local auditing purposes for a short period prior to destruction. The destruction of the forms should be witnessed by another member of staff. Records of forms destroyed should be kept for at least 3 years.

4.13 Alerts

The NHSCFA operates a national alert system to notify LSMS and LCFS networks of potential threats, individuals, organisations, requests for information from the police, security breaches and risks of fraud and corruption. The local LSMS/LCFS officer(s) should inform the Head of Pharmacy of any potential incident who, in turn, will cascade the information to Departmental Pharmacy Managers for transmission within the pharmacy organisation.

4.14 Incident Investigation

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 Head of Pharmacy will conduct an investigation and/or request advice from the LCFS, and/or notify the police, as appropriate.

Any incident must be recorded, investigated and communicated in accordance with the organisation's Incident Reporting Policy.

5. Monitoring Compliance and Effectiveness

The effectiveness in practice of all procedural documents should be routinely monitored (audited) to ensure the document objectives are being achieved. The process for how the monitoring will be performed should be included in the procedural document.

The details of the monitoring are:

1. For the Pharmacy Service – The Head of Pharmacy will monitor compliance with the policy as part of the Medicines Management Audit process. Results of audits will be reported annually to the Medicines Management Committee and escalated where required.

2. For all Departments or individual prescribers using FP10HNC / FP10SS / FP10P Prescription Forms – Departments should implement their own methods for monitoring compliance and maintaining an audit trail for those forms issued to them.

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
1	Prescribing / Use within Trust guidelines.	-	Review usage	Medicines Management Group (MMC)	Annually
2	Review records management.	-	Review usage	Local	Local

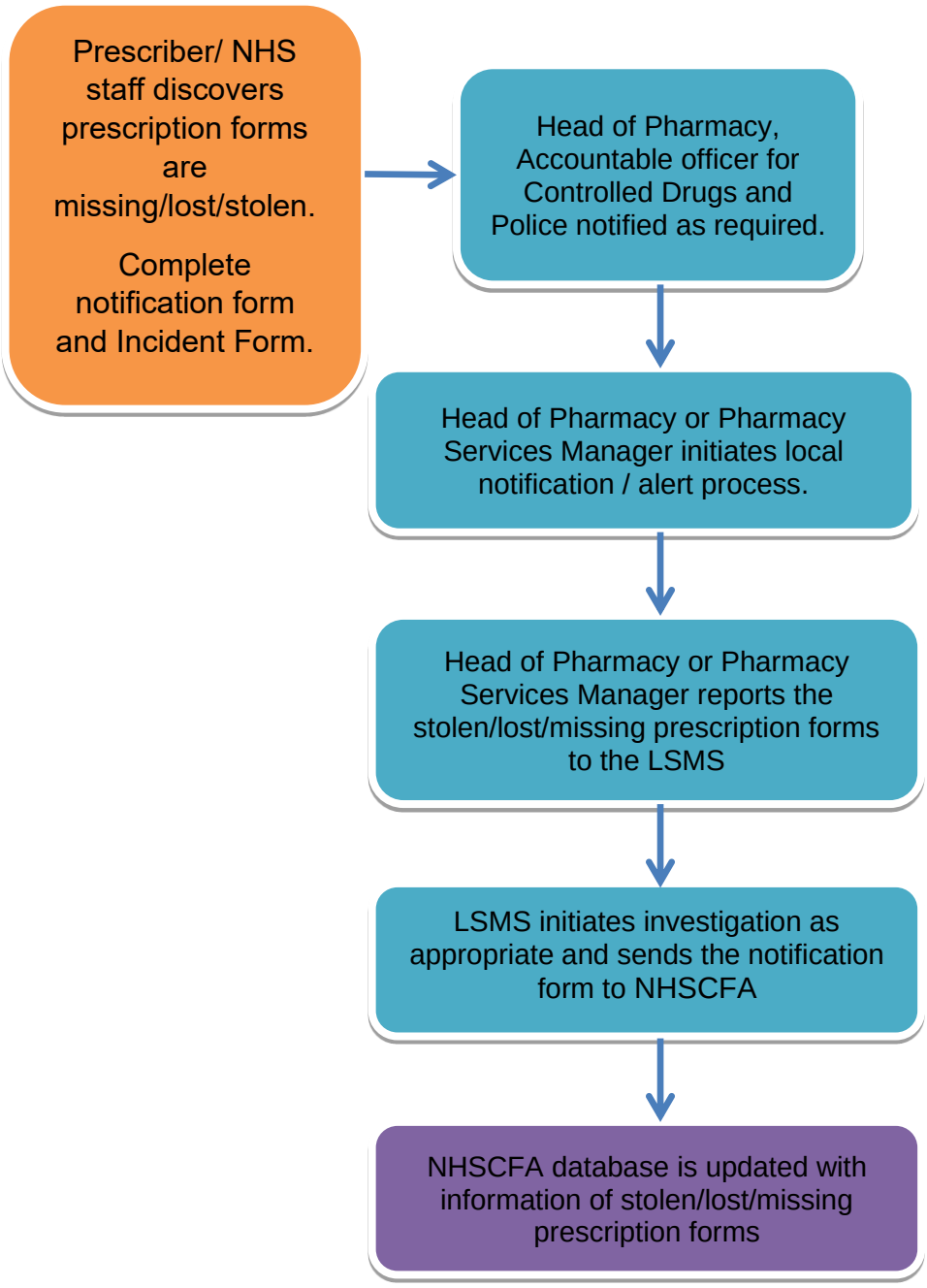
6. Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work, and it is important that this is reflected through all policies and procedures to mitigate these risks.

- Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.
- Any procedure incurring costs or fees or involving the procurement or provision of goods or services, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix A – Missing/lost/stolen prescription form flowchart



Appendix B – Missing/lost/stolen NHS prescription form(s) notification form

Return this completed form by email to lpt.pharmacymanagement@nhs.net

Organisation:	**Leicestershire Partnership NHS Trust (LPT)**
Date reported:	
Contact name:	
Contact address:	
Contact telephone number:	
The following numbered NHS prescriptions forms have been identified to us as lost or stolen:	
Date of theft/loss	
Name of person reporting (GP, practice manager, nurse, trust pharmacist)	
Telephone number	
Full details of theft/loss (please fill in details below)	
Include the following information: • Date and time of loss/theft • Date and time of reporting loss/theft • Place where loss/theft occurred • Type of prescription stationery • Serial numbers • Quantity • Details of the LSMS or nominated security management specialist to whom the incident has been reported.	
Details of doctor/department/dentist/nurse etc. from whom prescription form(s) have been stolen or lost	
Name	

Personal dispensing or identification code/number	
Address	

Serial number(s) lost or stolen

From												To										

Details of NHS prescription form type lost or stolen (tick appropriate box)

Issue	Colour	Please indicate type lost/stolen
FP10NC	Green	
FP10HNC	Green	
FP10SS	Green	
FP10MDAS	Blue	
FP10HMDAS	Blue	
FP10MDASP	Blue	
FP10MDASS	Blue	
FP10PN	Lilac	
FP10CDF	Buff/pale yellow	
FP10SP	Lilac	
FP10P	Lilac	
FP10D	Yellow	
FP10PCDSS	Pink	
FP10PCDNC	Pink	

	Yes	No
Has this incident been reported to the police?		

Name and police station of investigating police officer (please fill in details below)

	Yes	No
Has an alert and warning been issued to all local pharmacies and GP surgeries within the area? (please tick box)		

Please give details of any ink change or security measures and the effective dates of these measures (please fill in details below)

Name:	
Position	
Signed:	
Date	

Appendix C - Incident Response

NATURE OF INCIDENT	WHO SHOULD BE CONTACTED?
Discrepancy in prescription forms ordered and received.	Contact supplier. Ask the driver to remain on-site while the supplier is contacted.
Following enquiries with the supplier, if discrepancy in prescription forms ordered and received cannot be accounted for, and forms are still missing.	Notify the Head of Pharmacy or deputy with overall responsibility for prescription forms at the organisation, the CDAO, LSMS or nominated security management specialist and police as required. Report the matter using the organisation's incident reporting system (Ulysses). The matter must be reported as a security incident and an alert/warning circulated locally and/or nationally. Serial numbers of the missing forms must be submitted to the NHS Protect database using the appropriate notification form.
If prescription forms are lost through negligence or by accident.	Notify the Head of Pharmacy or deputy, LSMS and police as required. Report the matter using the organisation's incident reporting system (Ulysses). The matter must be reported as a security incident and an alert/warning circulated locally and/or nationally. Serial numbers of the missing forms must be submitted to the NHSCFA using the attached notification form (Appendix B).

If prescription forms are stolen.	Contact the police and report the matter using the organisation's incident reporting system (Ulysses). Notify the LSMS or nominated equivalent. The matter must be reported as a security incident and an alert/warning circulated locally and/or nationally. Serial numbers of the missing forms must be submitted to the NHSCFA using the attached notification form (Appendix B).
If it is suspected that a presented prescription form is forged.	Check with Prescriber then, if appropriate, notify the, police and contact NHS Fraud and Corruption Reporting Line on 0800 028 40 60.
If it is suspected that prescription forms are being misused.	Check with Prescriber then, if appropriate, contact NHS Fraud and Corruption Reporting Line on 0800 028 40 60; contact the police.

Appendix D - Prescription log sheet

Prescriptions HP / SS **Prescriber / Team _____**

Orders Received

All records relating to FP10 prescription issues must be kept for 3 years from the date of the last record made

Date ordered	Ordered by (initials)	Method of order	Amount ordered	Date received	Amount received	Received by (initials)	Serial numbers	Stored by (initials)

Appendix E - Prescription log sheet

Prescriptions HP / SS **Prescriber / Team _____**

Prescriptions Supplied

All records relating to FP10 prescription issues must be kept for 3 years from the date of the last record made

Date Issued	Taken by (initials)	Given to: prescriber/ location	Quantity	Serial numbers	Comments

Appendix F – Useful contacts

NHS Counter Fraud Authority

Telephone: 0800 028 4060

Email: generalenquiries@nhscfa.gov.uk

Online Reporting Tool: Report NHS Fraud | Home | NHSCFA

Web: NHS Counter Fraud Authority (NHSCFA)

Prescription Form Suppliers
Xerox (UK) Ltd

Customer service
Telephone: 0300 123 0849
Online: NHS Forms Ordering

Email: For any queries relating to orders placed or deliveries email nhsorders@Xerox.com

For any queries relating to invoices please contact NHSAR@Xerox.com

Primary Care Support England (PCSE)

pcse.enquiries@nhs.net

Telephone: 0333 014 2884

Appendix G - Record of Destruction of Unused Prescription Forms

Record of Destruction of Unused

Prescription Forms

Name of Team / Prescriber:

……

Designation:

……

I confirm that I have shredded the following unused prescription forms.

Organisation Name (as stated on prescription forms)	No. of Prescription Forms	Serial Numbers (1st and last)

Signature of Staff Member: ……

Print Name: ……

Date: ……

Signature of Witness: ……

Print Name: ……

Date: ……

One copy to be retained within the service (3 years)
One copy to be returned to the Head of Pharmacy

Appendix H: Governance

Version control and summary of changes

Version number	Date	Comments (description change and amendments)
Version 1.1	24/05/2012	Contribution list updated / Results of monitoring to Divisions – statement removed (section 9)
Version 1.2	02/04/2015	6: Who can write prescriptions 7.3: Destruction and Disposal Appendix F: Incident Response Appendix G: Key responsibilities in incident investigation Appendix H + I: Prescription Log Sheet
Version 1.3	20/10/2015	4.7 - Transporting and Taking Prescription Stationery Home 4.8 - Posting of Completed Prescriptions Reformat in line with LPT Policy
Version 2.0	12/02/2020	General Review in light of new documentation from NHSCFN 4.9 Lost or Stolen Prescription Forms 4.11 Duplicate and spoiled prescriptions 9. References and Bibliography Appendix I – Useful contacts
Version 3.0	01/05/2023	Update to contact details for NHS counter fraud / Xerox. Update to references. General minor changes. Addition of Appendix I
Version 4.0	27/05/2026	New Trust template Introduction of EPS prescriptions ePMA authentication CFA reference updated

Responsibilities

Responsibility	Title
Executive Lead	*Chief Medical Officer*
Policy Author	*Pharmacy Services Manager*
Advisors	*Head of Pharmacy* *Lead Pharmacist – Community Health Services* *Lead Pharmacist for Families, Young People, Children, Learning Disability & Autism Directorate*
Policy Expert Group	*Medicines Management Committee*

Governance

Governance Level	Name
Level 1 Assurance Oversight	*Quality & Safety Committee*
Level 2 Delivery Group for policy approval and compliance monitoring	*Safety Forum*

Compliance Measures

Regular Stock Checks of Prescription Stationery
Prescription pads held within the Pharmacy Department are classified as *controlled stationery* and must be subject to routine stock checks. A rota-based schedule will be maintained to ensure that prescription pad stock levels and storage security are verified at regular intervals. Each check must be documented, signed, and dated by the staff member completing the check, with discrepancies escalated immediately to the Head of Pharmacy or Pharmacy Services Manager. Records of stock checks must be retained for a minimum of three years in line with prescription stationery audit requirements.

As a registered pharmacy service, the department operates under the regulatory framework of the General Pharmaceutical Council (GPhC). This includes routine inspection processes that assess compliance with standards for the safe and secure handling, storage, and supply of medicines and associated stationery. Prescription stationery management falls within the scope of these inspections and must demonstrate robust governance, traceability, and risk minimisation. Therefore, systems for stock control, secure storage, and audit trails must be maintained to ensure that prescription pads are protected from loss, theft, or misuse, and that their use can be fully accounted for at all times.

Training Requirements

There is no training requirement identified within this policy however, staff are responsible for reading and acting within the Secure Handling and Storage of Prescription Stationery Policy. The staff carrying out the duties as described in this policy must have agreed with their manager that they are competent to do so. Staff and their managers have a joint responsibility to highlight any training needs which may arise in the implementation of this policy.

References

NHS Counter Fraud Authority – Management and Control of Prescription Forms: A Guide for Prescribers and Health Organisations, Version 2.0 (2025). Management and control of prescription forms (cfa.nhs.uk)

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