FP 10 Policy: ACUTE ILLNESS CLINICS	
NICS Integrated Hubs	
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PURPOSE

To provide safe systems for handling FP10 forms, to ensure their security and provide an audit trail of use.

To ensure appropriate action is taken if an FP10 prescriptions goes missing.

BACKGROUND

Prescriptions are sent electronically via EPS for patients attending the Acute Illness Clinics. Only in the event EPS is not available FP10 prescriptions are to be used.

FP10 prescriptions are controlled stationery and at all stages have to be accounted for.

Each prescription has its own security number.

FP10 prescriptions are written by medical staff to allow people who use our services to obtain their medication from the community pharmacy.

FP10 forms must not be used to prescribe medications for staff or their families, unless they are attending a clinic appointment as a registered patient of the clinics.

FP10 forms must also not be used to prescribe for private patients. All medicines prescribed on FP10 forms must be documented in the patients' EMIS medical records.

Medical staff and non-medical prescribers must not use FP10 forms to self-prescribe. Medical and non-medical prescribers found to be using FP10 forms for personal use will be subject to disciplinary action.

Prescribing should be in line with Ashford and St Peter's Trust Antibiotic Policy or Surrey PAD formulary and should only be used to supply urgent new

medication until a patient can obtain a supply from his/her GP e.g. antibiotics or steroids.

Misuse of FP10 forms with evidence of fraud will be referred to the NHS Counter Fraud services.

PROCEDURE

FP10 prescription pads must be stored in a locked cupboard in the administrative area along with the FP10 reconciliation log sheet.

The administrator or clinician should not remove pads from the locked storage unless an FP10 is required.

The clinician must check that the next available prescription number matches that on the FP10 reconciliation log sheet. The clinician receiving the FP10 will sign the log sheet and take responsibility for the security of the batch until it is returned back to the locked cabinet.

If the numbers do not match see 'Discrepancies' in section below.

The FP10 reconciliation log sheet must be completed for each FP10 issued to a patient by the prescriber. This is to ensure there is an audit trail. All medicines prescribed on FP10 prescriptions must be documented in the patients' medical records on EMIS and on the FP10 log sheet.

Each prescription must be accounted for by recording the patient's NHS number to the FP10 reconciliation log sheets together with date of use and name and signature of prescriber, a record of medication prescribed and a counter signature.

Once the reconciliation log has been completed the log and reconciliation pad should be locked away in the secure storage area.

Prescriptions pads must not be left out.

DISCREPANCIES

As soon as a discrepancy is identified the administrative team and clinicians must thoroughly check to see if the FP10 has been mislaid within the clinic.

If the FP10 cannot be found, this must be treated as a serious incident and immediately reported to the administrator who can escalate to the Quality Assurance Manager.

If the FP10 cannot be found after intensive investigation, this must be reported as an incident via the Datix reporting system

Missing FP10 prescriptions should also be reported to the Clinical Director who will alert the appropriate Primary Care agencies if deemed appropriate.

VOIDING FP10 PRESCRIPTIONS

If an FP10 is incorrectly filled out or refused or left by a patient, it must not be destroyed but kept for audit purposes.

The form should be crossed through and marked and signed as void by the prescriber.

The log sheet should be completed with 'voided' against the Rx number, and the voided FP10 form stapled to the reconciliation log sheet.

COMPLETED RECONCILIATION /LOG SHEETS

Completed reconciliation sheets must be retained by the clinic and kept for 2 years after last entry. Completed FP10 logs are to be scanned to NICS management drive.

GUIDANCE FOR PRESCRIBERS ON THE USE OF FP10 PRESCRIPTIONS

FP10 prescriptions should be used for acute treatment only when the required medication cannot be sent via EPS. Prescriptions should be for a maximum of 7 days or sufficient time to complete a required course of medication (eg antibiotics, steroids).

Medications should be prescribed using the generic names, unless clinically there is a need to specify the brand name to avoid inadvertent switches- for example for theophylline preparations, anti-epileptic medications, lithium preparations etc.

AUDIT

An FP10 audit is undertaken on a monthly basis by NICS Quality Assurance Manager:

1. To confirm that the FP10 logs are completed accurately, with patient required information clearly documented

2. To ensure that the logs are signed by both clinician and reception staff as evidence of the FP10's removal and usage.