



# **Guidance on the Security and Administration of WP10IP/IPSSs for Pharmacist Independent Prescribers**

## **CONTENTS**

<b>1. Introduction</b>	<b>3</b>
<b>2. Background</b>	<b>3</b>
<b>3. Ordering of prescription stationery</b>	<b>3</b>
<b>4. Managing prescription stationery</b>	<b>4</b>
<b>4.1 Storing prescriptions</b>	<b>4</b>
<b>4.2 Loss or stolen prescription forms</b>	<b>5</b>
<b>4.3 Destruction of prescription due to staff changes</b>	<b>6</b>
<b>4.4 Spoiled prescriptions</b>	<b>6</b>
<b>4.5 Audit trails</b>	<b>6</b>
<b>5. Prescribing and dispensing of prescriptions</b>	<b>7</b>
<b>6. Prescribing for self, friends and family</b>	<b>7</b>
<b>7. Gift and benefits</b>	<b>7</b>
<b>8. Changes in prescriber circumstances</b>	<b>7</b>
<b>9. Guidance for a patient record</b>	<b>8</b>
<b>10. Arrangements for Locum prescribing</b>	<b>8</b>

### **Annex A-Missing/Lost/Stolen NHS Prescription Forms**

## 1. Introduction

This protocol provides information and advice to promote good practice on the security and use of NHS prescription forms for pharmacist independent prescribers who are employed by a contractor within a Health Board in Wales to deliver a NHS primary care independent prescribing service.

## 2. Background

This protocol has been written to support the implementation of pharmacist independent prescribing service within Health Boards in Wales and all pharmacist independent prescribers providing these services are required to complete and submit all documentation in line with PIP service held at [All Wales Pharmacy Database - NHS Wales Shared Services Partnership](#) and the [PIPS Governance arrangements](#)

## 3. Ordering of prescription stationery

Non-medical prescribers should make themselves aware of the ordering process for prescription pads (WP10IP) or for single sheets for computer generated prescriptions (WP10IPSS)

- All prescribers using single sheet blank scripts must have an allocated J number specific to the pharmacy from which they intend to provide the PIP service.
- We advise some pre-printed forms should be kept/retained in the pharmacy should technical /IT difficulties prevent scripts being printed by Choose pharmacy or other HB approved system.
- When deciding whether to order pre-printed or blank single sheets we advise you to consider which prescription type are appropriate for your practice in accordance with average number of consultations undertaken e.g. one pad of 50 blank script versus a box of 1000 blank scripts.

Prescriptions are ordered in accordance with the PIPS sign up guide found at [All Wales Pharmacy Database - NHS Wales Shared Services Partnership](#)

The contractor is responsible for internal processes for signoff of J-number request process.

The contractors should ensure any prescriptions that are ordered are only used by annotated prescribers and when that prescriber leaves the process as per 4.3 is followed.

Prescriptions will be delivered to the independent prescriber 7 to 10 working days after the order has been placed.

WP10IP prescription pads are overprinted by the Print Management Supplier with the non-medical prescriber's personal details as registered with NHS Wales Informatics Services.

WP10IPSS used in primary care are not personalised, it is important that for single sheet prescriptions, in pharmacy settings the choose pharmacy IPS module or other Health board approved systems must be used to overprint the

independent prescriber's name, NHS Wales Informatics Service Prescribing Services unique identifier, pharmacy code, pharmacy address, telephone number, name of the Local Health Board and the prescriber's registration number (GPhC). This will be enabled in the IPS module on Choose pharmacy from June 2025.

Each health boards process to order prescriptions can be found detailed in the **PIP's sign up guide** at [All Wales Pharmacy Database - NHS Wales Shared Services Partnership](#)

## 4. Managing prescription stationery

### 4.1 Storing prescriptions

Community pharmacy contractors are responsible for the prescription pads or single sheets and all reasonable precautions to prevent loss, and inappropriate use must be taken. It is the responsibility of the contractor to hold them securely

The following steps should be adhered to for the storage of prescription forms:

- Upon delivery of prescription forms, staff responsible for the prescription forms should record the date and the name of the person accepting the delivery;
- A record of what has been received (quantity); first and last serial number of prescription pad issues should be made and or photo evidence of the single sheet box retained.



- It is considered good practice to record the serial number of the first remaining prescription form at the end of each working day. This would help identify any lost or stolen overnight. Records of serial numbers received and issued should be retained in the pharmacy for at least three years.
- A record of where the prescription forms are being stored;
- Recommend that if more than one independent prescribers working within the pharmacy then a record should be made, of who issued the prescription forms, to which prescriber they were issued and the number of prescriptions issued;
- Blank prescription forms must not be pre-populated or pre-signed before use.

- The sharing of personalised prescription pads between authorised prescribers is forbidden.
- Prescriptions are controlled stationery and must be securely stored in a locked container e.g. locked box within a secure cupboard, located in an appropriate area of the Community pharmacy (staff area only). Prescribers are responsible for the security of prescription forms once issued to them and should ensure they are securely locked away at the Community pharmacy premises when the PIP service is not in use; Remember to remove from printer at end of session.
- Access must be limited to authorised prescribers within the premises only and key control should apply.
- If agreed by the Health Board to provide services at multiple sites/offsite, the prescribers shall, before leaving the pharmacy premises, record the serial numbers of any prescription forms/pads they are carrying. Prescriptions must be transported in a secure manner and must not be left unattended within a vehicle or away from the main pharmacy. Only a small number of prescription forms should be taken (ideally between 6 and 10 to minimise the potential loss);
- Community pharmacy contractors must keep any stockholding of prescription stationery to a minimum. This reduces the number of forms vulnerable to theft and helps keep stocks up to date;
- Patients, temporary staff and visitors must never be left alone with prescription forms e.g. alone in a consulting room with single sheet prescription forms or pad, neither should they be allowed into secure areas where forms are stored.
- Community pharmacies may wish to consider the use of CCTV to create a secure environment

## **4.2 Lost or stolen prescription forms**

In the event of loss or suspected theft of prescriptions, the independent prescriber must report this immediately to the Health Board, the NHS Wales SSP-Primary Care Services office from which they order prescriptions forms, and their employer. In the case of theft of prescriptions, the police and Health Board Counter Fraud Team must also be contacted to report the crime. The following steps must be undertaken, and the notification form (AnnexA) must be completed:

- Document the prescription number and any other particulars of the prescription. If the prescription has been populated document the patient's name, DOB, medication, dose, date of the prescription etc.;
- In the case of theft of prescriptions, contact the Police to report the

crime and your health board Counter Fraud team (The police and Counter Fraud should be notified using the notification form at Annex A:

- Contact NHS Wales Shared Services Partnership directly on 01792 860438/860410 and ask them to issue an alert out to community pharmacies, Out of Hours, Counter Fraud and the Police for the relevant area (as appropriate):
- Where prescription forms are known to have been lost/missing or stolen the prescriber shall write and sign all prescription forms in a particular distinctive colour for a period of two months. The Health Board will inform all pharmacies in the area and all adjacent Local Health Boards, of the name and address of the prescriber concerned, the approximate number of prescriptions forms/pad missing or stolen, serial number (if known) and the period for which the prescriber will write in a specific colour.

#### **4.3 Destruction of prescription due to staff changes**

If there are any changes to prescribers or service provision the employer/contractor must inform NWSSP Primary Care Services of the changes

If the PIP service is paused or no longer being provided

- All unused pre-printed pads must be securely destroyed: e.g. by shredding before putting into confidential waste.
- Any blank single sheet forms which are no longer going to be used must be securely destroyed, e.g. by shredding before putting into confidential waste.
- The person who destroys the forms should make a record of the first and last serial number of the forms destroyed. Destruction should be witnessed by another member of staff.

#### **4.4 Spoiled prescriptions**

There may be reason for a prescription to be deemed spoilt due to error. Rather than destroying or returning these forms, best practice is to retain them for local auditing purposes for a short period before destruction as above.

#### **4.5 Audit trails**

Pharmacies must maintain an audit trail for prescription forms so that the pharmacies know which serial numbered forms have been received. Regular audits should be conducted to identify any security incidents.

## **5. Prescribing and dispensing of prescriptions**

Independent prescribers should separate the functions of prescribing and dispensing activities.

It is recommended that the prescriber should, wherever possible, hand the prescription to the patient to signify the end of the service provision.

Where it has not been possible to separate the activities, a second suitably competent person must carry out a final accuracy check.

In such exceptional circumstance, the same individual can carry out prescribing and dispensing activities provided that:

- Clear accountability arrangements are in place to ensure patient safety and probity, and;
- There are audit and clinical governance arrangements in place, to monitor prescribing.

## **6. Prescribing for self, friends and family**

Independent prescribers must not prescribe any medicines for themselves. They should not prescribe a medicine for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance.

If a prescription is necessary, this should be referred to another registered prescriber or a second suitably competent person should be involved in checking the accuracy of the medicines prescribed. Prescribing must be limited to medicines within the therapeutic area of the independent prescribing service commissioned at the pharmacy.

All WP10 prescriptions are monitored and any that are suspected to have been used fraudulently will be passed to the counter fraud department for further investigation.

## **7. Gift and benefits**

The advertising and promotion of medicines is strictly regulated under the Human Medicines Regulations 2012, and it is important that independent prescribers make their choice of medicinal product for their patients on the basis of evidence, clinical suitability and cost effectiveness alone.

Companies may offer hospitality at a professional or scientific meeting or at meetings held to promote medicines, but such hospitality should be reasonable in level and subordinate to the main purpose of the meeting.

## **8. Change in prescriber circumstances**

NHS Wales SSP-Primary Care must be notified of any changes to the prescriber's details as soon as they occur e.g. change of name on marriage, change of telephone number. Failure to do this will mean AWPD will not be

updated and any prescription forms will continue to be produced with former (incorrect) details on them.

An 'Independent Prescriber Notification Form' must be completed and forms can be obtained from NWSSP Prescribing Management [prescribing.management@wales.nhs.uk](mailto:prescribing.management@wales.nhs.uk)

## **9. Guidance for a patient record**

Details of any prescription, together with other details of the consultation with the patient must be entered on the patient record immediately, or failing that as soon as possible after the consultation. Only in very exceptional circumstances (e.g. the intervention of a weekend or public holiday) should this period exceed 48 hours from the time of writing the prescription. Records should provide all professionals involved in a patient's treatment, with the information needed for them to care safely and effectively for that patient in a timely manner

It is recommended that the record indicates:

- Date of the prescription;
- Name of the prescriber (and their qualification);
- Name of the item prescribed, together with the dose, frequency and treatment duration or quantity.

## **10 . Arrangements for Locum prescribing**

Arrangements for utilising a Locum PIP and obtaining a locum pad for a pharmacy premises will not include the use of single sheet IPS printed scripts

A Superintendent pharmacist must obtain a J number for each PIP working at their pharmacy premises from which they intend to provide the PIP service on an ongoing basis. In an exceptional circumstance such as an emergency booking where the engaged Pharmacist Independent Prescriber does not have a J number linked to the pharmacy premises, the PIP service may be provided using a "locum" pad.

Locum pads will only be provided to pharmacy premises listed for provision of PIPs on the AWPDP where there is already a pharmacist independent prescriber with a J number for that premises. NB locum pads are linked to premises and will not be issued to individuals,

The Locum pad must be ordered by and provided to the pharmacy premises by the superintendent or their representative, this will enable the provision of a prescribing pad with a locum J number that is associated to that pharmacy as a PIPs listed premises.

### **Locum prescribing – J-number/pads**

1. A request for a "locum J number" must be by the contractor's superintendent pharmacist or designated officer previously named and notified to NWSSP via email. As per [sign up guide](#)

2. This PIP "locum J number" request should be emailed (using NHS email wherever possible) via the prescribing management mailbox with the email header "Request for a locum J number" for each pharmacy premises requiring it and only where there is already a PIP assigned to the premises.
3. Once a "locum J number" has been issued to the premises the contractor can place an order for a prescription pad following the usual local health board process as detailed in the [PIPS Sign up guide](#)
4. The use of these locum pads by an individual prescriber should be time limited suggested maximum of 1 month per PIP per premises. - It is the responsibility of the contractor to monitor this.
5. The PIP must apply for their personal J number for that premises as soon as possible and under normal circumstances when frequent and ongoing sessional engagements are arranged at the pharmacy suggested within the first month if the PIP continues to work locum shifts at the pharmacy.
6. Each prescription written using the "locum J number" pad **must include a GPhC number and name of PIP on every prescription written**
7. Please avoid writing any information within the prescriber details box on the form in case this interferes with the NWSSP scanning process.

8. It is the responsibility of the contractor to hold the "locum" pad securely at the premises
9. The contractor is responsible for the internal processes and signoff of J- number request process.
10. The contractor is responsible for ensuring that their pharmacy premises and locum pharmacist are listed for PIPS.
11. The contractor may wish to keep a record of who has used the locum scripts by using the script reference numbers and assigning GPhC number against each used.
12. Shared services and the contractor are responsible for ensuring that the pharmacy and pharmacist are listed for PIPS when issuing a J number.
13. Preprinted pads only are to be used in the above instance

## MISSING / LOST / STOLEN NHS PRESCRIPTION FORM(S) NOTIFICATION FORM

Health body :	Date reported :
Contact name :	Contact telephone number :
Contact address :	
The following numbered NHS prescription forms have been identified to us as lost or stolen :	
<p>Date of theft/loss (please fill in details below)</p> <p>Include the following information :</p> <ul style="list-style-type: none"> <li>• Date and time of loss/theft</li> <li>• Date and time of reporting loss/theft</li> <li>• Place where loss/theft occurred</li> <li>• Type of prescription stationery</li> <li>• Serial numbers</li> <li>• Quantity</li> <li>• Details of the LCFS to whom the incident has been reported</li> </ul>	
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	
<b>From</b> <b>To</b>	
Details of NHS prescription form type lost or stolen [eg WP10SS]	
Has this incident been reported to the police? <span style="float: right;">Yes      No</span>  Name and police station of investigation police officer:	
Has an alert and warning been issued to all local pharmacies and GP surgeries within the area? <span style="float: right;">Yes No</span>	
Please give details of any ink change or security measure and the effective dates of these measure :	
Name : Position : Signed : Date :	