

## **Change to design of prescription forms**

This document is to inform you of the latest change to the design of FP10 prescription forms as a result of the government's response to the recommendations from the Shipman Inquiry.

There is now a new section on the reverse of all NHS and Private FP10 forms, in which any person who collects Schedule 2 or 3 Controlled Drugs should sign their name. This section is located above the existing "Pharmacy use only – Evidence not seen" box on NHS forms, which has been moved marginally down the form as a consequence (see Appendix A). The version number of all FP10 forms has accordingly been changed to "0406".

Please note that the signature should be of the person who physically collects/receives the Controlled Drugs from the dispenser, rather than necessarily the patient themselves. The revised Misuse of Drugs Regulations (2006) do not make it compulsory for this signature to be captured and pharmacists have discretion whether or not to supply if the collector does not sign. However, the Regulations do emphasize the need for the dispenser to "ascertain the capacity in which the person collecting the drug is acting – whether patient, patient's representative or healthcare professional acting on behalf of the patient."

Therefore, in summary, if any prescriptions for Schedule 2 or 3 Controlled Drugs are submitted for reimbursement, they will be processed for payment irrespective of whether the collector has signed this section or not.

Please note that previous versions of the FP10 prescription continue to be valid for prescribing and dispensing purposes.

For more information on the dispensing of Controlled Drugs, PSNC have information on their website –

[http://www.psn.org.uk/index.php?type=more\\_news&id=2056&k=3&PHPSESSID=5f96b3d6ded957febcdfe5758b1c9768](http://www.psn.org.uk/index.php?type=more_news&id=2056&k=3&PHPSESSID=5f96b3d6ded957febcdfe5758b1c9768)

# Appendix A – Reverse of FP10SS Prescription

FP10SS0406

**NOTE** Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3. Penalty charges may be applied if you make a wrongful claim for free prescriptions. If you're not sure about getting free prescriptions, pay and ask for an NHS receipt FP57. You can't get one later. The FP57 tells you about getting a refund.

<b>Part 1</b>	The patient doesn't have to pay because he/she:	
<b>A</b>	<input type="checkbox"/>	is under 16 years of age
<b>B</b>	<input type="checkbox"/>	is 16, 17 or 18 <b>and</b> in full-time education
<b>C</b>	<input type="checkbox"/>	is 60 years of age or over
<b>D</b>	<input type="checkbox"/>	has a valid maternity exemption certificate
<b>E</b>	<input type="checkbox"/>	has a valid medical exemption certificate
<b>F</b>	<input type="checkbox"/>	has a valid prescription pre-payment certificate
<b>G</b>	<input type="checkbox"/>	has a valid War Pension exemption certificate
<b>L</b>	<input type="checkbox"/>	is named on a current HC2 charges certificate
<b>X</b>	<input type="checkbox"/>	was prescribed free-of-charge contraceptives
<b>H</b>	<input type="checkbox"/>	* gets Income Support (IS)
<b>K</b>	<input type="checkbox"/>	* gets <b>income based</b> Jobseeker's Allowance (JSA (IB))
<b>M</b>	<input type="checkbox"/>	* is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate
<b>S</b>	<input type="checkbox"/>	* has a partner who gets Pension Credit <b>guarantee</b> credit (PCGC)

Collectors of Schedule 2 & 3 CDs should sign their name:

Pharmacy use only  
Evidence not seen

* Name:	Date of Birth:	N/ no:
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\* **Print** the name of the person (either you or your partner) who gets IS, JSA (IB), PCGC or Tax Credit.

**Declaration**  
For patients who do not have to pay

I declare that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the Prescription Pricing Authority, the NHS Counter Fraud and Security Management Service, the Department for Work and Pensions and Local Authorities.

Now sign and fill in Part 3

<b>Part 2</b>	I have paid	£	Now sign and fill in Part 3
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<b>Part 3</b>	Cross <b>ONE</b> box	I am the patient <input type="checkbox"/>	patient's representative <input type="checkbox"/>
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Sign here		Date / /
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Print name and address *	
	Postcode

\*If different from overleaf