

Provision of FP10 and FP10[MDA] prescription forms by HM Prison Service for released prisoners

Guidance: for England only

Use of FP10s for discharged prisoners

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Provision of FP10 and FP10[MDA] prescription forms by HM Prison Service for released prisoners

Guidance: for England only

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For action/information

- HM Prison Governors
- Prescribers and Healthcare staff in HM Prisons
- Community pharmacies (NHS)
- Out of hours providers
- Strategic Health Authority prescribing and pharmacy leads
- Primary Care Trust prescribing and pharmacy leads
- PCT Accountable Officers
- Healthcare professional representative organisations
- Prisoner representative organisations
- Substance misuse service providers
- Regional National Treatment Agency Managers
- National Treatment Agency Chief Pharmacist
- Relevant inspectorates including Healthcare Commission Controlled Drugs Team and RPSGB Inspectorate
- Criminal Justice Intervention Team (CJIT) Managers
- Local Drug and Alcohol Team (DAT) Managers
- Head of Approved Premises
- Devolved Administrations

Purpose

The purpose of this guidance is to inform and support relevant offender health and NHS healthcare professionals, organisations and those who dispense prescriptions for released prisoners. This coincides with a change made to the NHS regulations i.e. National Health Service (Charges for Drugs and Appliances) Regulations 2000 (as amended).

Commencement

1. The regulatory changes come into force on 1 April 2008.

Application

2. These changes enable prisoners released from prisons and young offender institutions to be issued with an FP10 or FP10[MDA] prescription form. This will be particularly useful for unplanned releases (e.g. following court appearances or early release) when the normal arrangements for issuing medicines for discharge cannot readily be made. FP10 or FP10[MDA] prescription forms cannot be issued to offenders in other residential settings (e.g. Approved Premises- formerly known as Bail Hostels) or in Police Custody.

Scope and Background

3. National Health Service (Charges for Drugs and Appliances) Regulations 2000 (as amended) apply to England only and this guidance is for England only.

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4. Released prisoners issued with an FP10/FP10[MDA] prescription form need to take it to a community pharmacy to obtain the medicines prescribed for them until they can arrange to see a relevant healthcare professional, for example, their GP or register with a new GP. The issuing of FP10/FP10[MDA] prescription forms will be particularly useful for unplanned releases when usual arrangements for dispensing medicines to take away may not be possible within the timeframe.
5. The new arrangements applies to FP10[MDA] prescription forms for instalment dispensing for medicines used for the treatment of substance misuse (i.e schedule 2 controlled drugs, diazepam and buprenorphine). Prescribing of controlled drugs for substance misuse which can be dispensed on an instalment basis using the FP10[MDA] prescription form will provide continuity of opiate agonist maintenance treatment as part of the Integrated Drug Treatment System (IDTS)^{i,ii}. This will contribute to the reduction in mortality and morbidity risk for recently released prisoners who have had their treatment initiated in prison.
6. Prisons should continue to use the current mechanisms for the routine supply of medicines whilst the prisoner is in the prison, whether the medicines are supplied by a community pharmacy or any other route.
7. The use of the FP10 and FP10[MDA] prescription forms for prisoners on discharge will only be used by prison based prescribers. Dispensing and supply of the prescribed medicines will usually be through community pharmacies.
8. The availability of FP10 and FP10[MDA] prescription forms will in the first instance to be limited to pathfinder prisons. It is expected that the rollout of this program to other prisons will be extended within a year.
9. Whilst the initial rollout is limited to only 6 prisons this guidance is relevant for offender health and NHS healthcare professionals, organisations and providers of pharmacy services across England as prisoners from these prisons will be able to take their FP10 and FP10[MDA] prescription forms to any community pharmacy in the country.

Using FP10 or FP10 [MDA] for Prescriptions for Substance Misuse Treatment

10. It is recommended that on the day of their release prisoners should receive doses of medicines for the treatment of substance misuse or other medicines that are administered under supervision in prison, prior to their release.
11. When prisoners require opiate agonist maintenance treatment on an instalment basis it is recommended that the FP10[MDA] prescription form is used so that individual doses can be dispensed in instalments. This will help to ensure continuity of treatment without a break.
12. Prison healthcare staff should link with the substance misuse team for the prisoner (i.e. the prison-based Counselling, Assessment Referral Advice and Throughcare (CARAT) team, Drug Intervention Programme (DIP) workers) and the individual prisoner to establish their immediate plans post-release.
13. If the prisoner is likely to remain in a specified area, allowing daily access to single

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pharmacy for more than seven days, then an FP10 [MDA] prescription form, should be provided for the length of time (up to 14 days) that the prisoner is able to access the same pharmacy.

14. If the prisoner is unlikely to be able to access the same pharmacy for the first seven days the use of several single FP10 prescription forms, allowing for up to seven individual supplies, may be preferred. It is recommended that the prescriber specifies the start date for dispensing of each in the main body of each prescription form.

15. An FP10 [MDA] should be limited for instalment prescribing of schedule 2 controlled drugs, diazepam and buprenorphine: for other medicines, the normal FP10 should be used.

Useful Information

16. Information about how to prescribe on both FP10 and FP10[MDA] prescriptions (including the revised Misuse of Drugs Act 1971 and Medicines Act 1968 requirements) can be found in the Prescription writing and Controlled Drugs and drug dependence chapters of the British National Formulary (latest edition) and Annex A3 of the revised UK Guidelines on clinical management of drug misuse and dependenceⁱⁱⁱ.

Sourcing of Prescription Forms

17. Prisons should obtain the FP10 and FP10[MDA] prescription forms from their PCT. Before ordering prescription forms for a prescriber for the first time, the prison will need to contact their PCT to ask them to authorise the addition of each prescriber to the NHSBSA Prescription Pricing Division's (PPD) database for prison prescribing. Each PCT has named staff who can authorise changes to prescriber details.

18. Should a prescriber already work in primary care (e.g. in a GP practice) as well as providing medical services to a prison in the same PCT, the prescriber will need to notify the PCT separately for their prison-based prescribing. This applies to prisons where PCTs either provide or commission prison healthcare services.

19. All controlled drug prescriptions, even if written by private prescribers, should be written according to the revised Misuse of Drugs Regulations 2001 and relevant DH Guidance on controlled drugs prescribing^{iv}. Prescribers should therefore obtain FP10 and FP10[MDA] from the local PCT. PCTs will need to make arrangements to recharge the private prison for the FP10 and FP10[MDA] prescribing costs incurred. It is recommended that a formal agreement of the recharging mechanism is developed where PCTs do not already have one in place.

20. Where prisons have locum prescribers, PCTs will have to establish internal mechanisms for providing them with FP10/FP10[MDA].

21. PCTs should provide the details of each prison prescriber to the NHSBSA PPD using the standard form available on the NHSBSA PPD website at <http://www.epact.ppa.nhs.uk/ppa/Pct/pctGuidance.htm>. Existing prescribers will also require new prescriber codes and prescription forms to ensure that the costs are charged back to the

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correct PCT budget for prison prescribing.

22. Prisons should ensure that the prescription forms are stored safely and securely (ideally in a locked drawer or cabinet). Access to the prescription forms should be by named personnel only and records maintained of the serial numbers of prescription forms received and supplied to prescribers.

24. The existing prison Standard Operating Procedures for the handling of prescription forms should be revised to include FP10 and FP10[MDA] prescription forms. A useful resource for this is the recent DH Guidance on the Standard Operating Procedures for Controlled Drugs^v

25. Prisons and PCTs should also ensure that the security arrangements meet the requirements of the NHS Counter Fraud and Security Management Services Guidance available from http://www.cfsms.nhs.uk/doc/sms.general/security_prescriptions.pdf

FP10 and FP10[MDA] Prescriptions

26. All FP10 and FP10[MDA] prescription forms must be written in accordance with the regulations and requirements detailed in paragraphs 16 and 36. This includes the new ability to create computer-generated prescription forms for Controlled Drugs.

27. Prisons are excluded from the implementation of Electronic Prescription Service.

28. FP10[MDA] prescription forms should state both the interval and the number of instalments for the controlled drugs. Where the prescriber would like the controlled drug to be dispensed in advance, for example a Bank Holiday, it should also indicate the day and the volume to be dispensed e.g. 20mls for Sunday and 20mls for Monday, to be dispensed in advance on Saturday.

29. Good practice would suggest the setting up of supervised administration schemes for opiate agonist maintenance treatment. This will need to be agreed and funded by the PCT. Where supervised consumption schemes exist the PCT should communicate this to their Drug Action Teams (DAT), Drug Intervention Programme (DIP) Managers and their local prison(s) The PCT should provide a list of pharmacies that provide this service.

30. The prison service should make every effort to identify a pharmacy where the ex-prisoners can obtain a supervised consumption service. It is strongly recommended that the prison service makes contact with the pharmacy that the prisoner is likely to go to prior to release of the prisoner and checks that the pharmacy is able to provide the service.

Supply of the FP10 or FP10[MDA] to the prisoner

31. Prisons should consider the development of an information leaflet for prisoners that provides them with clear information about how they can obtain their medicines from a community pharmacy once they are released.

32. Prisons will need to make an assessment of the most appropriate time to give the prescription form(s) to the prisoner following a risk assessment. This information should be

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included in Standard Operating Procedures (SOPs) for the safe management of prescription forms. Consideration needs to be given to the security of the written prescription form whilst in the prisoner's possession prior to their release from the prison grounds.

33. Not all prisoners will be released following attendance in a court. They may be returned to the previous prison, or sent to another prison. Prisons should make local arrangements about the secure handling and destruction of the signed FP10 or FP10[MDA] prescription form if the prisoner is not released. The Accountable officer should be kept informed of SOPs which include FP10[MDA] forms.

Dispensing prison-issued FP10 or FP10[MDA] prescriptions

34. Usual regulatory requirements apply for the dispensing of the FP10 and FP10[MDA] prescription forms issued by prisons.

35. Released Prisoners will not be required to pay prescription charges for the prison-issued prescriptions which will be stamped HMP. This has been enabled through regulatory changes to the NHS regulations, National Health Service (Charges for Drugs and Appliances) Regulations 2000 (as amended) ("the Charges Regulations").

36. The pharmacist should check that the following information is included on the prescription form: "HMP", the prison name, address and prison telephone switchboard number must be printed in the box provided for the practice address on the front of the form, with the prescribing code and responsible PCT code as required by the NHSBSA PPD.

37. The reverse of the FP10 and FP10[MDA] prescription form have not been amended to allow a released prisoner to sign a declaration of exemption therefore no signature is required on the reverse of prescription forms issued by the prison. The good practise guidance that persons collecting a Schedule 2 or 3 controlled drug should sign the prescription still applies, so pharmacists will need to exercise their judgement about supplying. If the person collecting does not sign the prescription to confirm receipt. The patient should print their name (and address, if different from the front of the form. N.B. Should the patient be homeless then the use of including "No Fixed Abode" is acceptable) in part 3 of the prescription form.

38. Where a third party collects a Controlled Drug for a patient being treated for drug addiction, although not a legal requirement, it is good practice to that a letter of authorisation from the patient is obtained on every occasion that the representative collects the medicines, and that the letter should be retained in the pharmacy^{vi}.

39. On collection of a Schedule 2 Controlled Drug, the pharmacist asked to supply a drug on prescription must ascertain whether the person collecting the Controlled Drug is the patient, the patient's representative or a healthcare professional acting in their professional capacity on behalf of the patient.

Where a patient or their representative (other than a healthcare professional acting in their professional capacity) is collecting the Controlled Drug, the pharmacist may request evidence of the person's identity, and may refuse to make the supply if he is not satisfied as to the identity of the person.

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40. Where a healthcare professional acting in their capacity as such is collecting the controlled drug on behalf of the patient, the pharmacist must obtain the healthcare professional's name and address, and unless acquainted with that professional must request evidence of that professional's identity. The pharmacist may proceed with the supply even if he is not satisfied with the healthcare professional's identity.

41. Pharmacists can confirm the legitimacy of the prescription form (including the identity of the released prisoner) and the prescriber by contacting the Healthcare Manager (or acting Healthcare Manager) at the prison stated on the prescription form by contacting the HM Prison switchboard. The telephone number can be accessed independently (if pharmacies have concerns about the printed number) through directory enquiries or alternatively through the HM Prison web-site:

www.hmprisonservice.gov.uk/prisoninformation/locateaprison

or through the PSNC web-site: www.psync.org.uk where a list of the pathfinder prisons and contacted details will be available.

Submission of Prison-issued FP10 and FP10[MDA] prescriptions to the NHSBSA PPD

42. Having dispensed the medicine from FP10 and FP10[MDA] prescription forms issued by prisons for released prisoners, pharmacies should follow the normal procedure for sorting prescription forms. The prison prescription forms do not need to be separately bundled e.g. with an elastic band. They should be placed within the no charge group. Within this group the forms should be sorted as described on the FP34C submission document (i.e. by form type, prescriber type). Forms should be sorted by surname for prescribers with more than 20 forms in the account – fewer than 20 forms from one prescriber can be grouped together in a miscellaneous section. Most prison forms will fall into this latter category. Failure to follow this advice could result in prescription charges being deducted from the cost of the items dispensed. Reimbursement will be as for other FP10 and FP10[MDA] prescription forms.

NHSBSA PPD Charging and Monitoring Arrangements

43. PCTs in which the prison is located will be charged both reimbursement costs (drugs and appliances prescribed) and remuneration costs (dispensing fees and allowances). These will both need recharging to prison budgets or private prison healthcare providers according to the PCT's usual financial arrangements for prison healthcare funding.

44. Where the issuing prison is a Private Prison, the PCT will need to arrange for the prison to be charged for these costs through a formal service level agreement.

45. Prison issued prescription costs will be allocated to the relevant prison by the NHSBSA PPD and will be reported on all NHSBSA PPD information reports and extracts as for standard GP practices. The NHSBSA PPD will report dispensing fees and allowances for prison prescriptions dispensed in the community on the Itemised Prescribing Payment Report (IPP)

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report). A new national level report will be available to allow the monitoring of all prison prescribing.

46. Prison prescribing information can be made available to the prison through the ePFIP (electronic prescribing and financial information management to practice) system. Prisons will need to register with the NHSBSA PPD help desk who will supply them with the relevant log-on information.

47. PCTs and prisons will need to factor in the prescribing of Controlled Drugs via prison-issued FP10 and FP10[MDA] prescription forms into the required Controlled Drug monitoring and reporting arrangements to the Healthcare Commission.

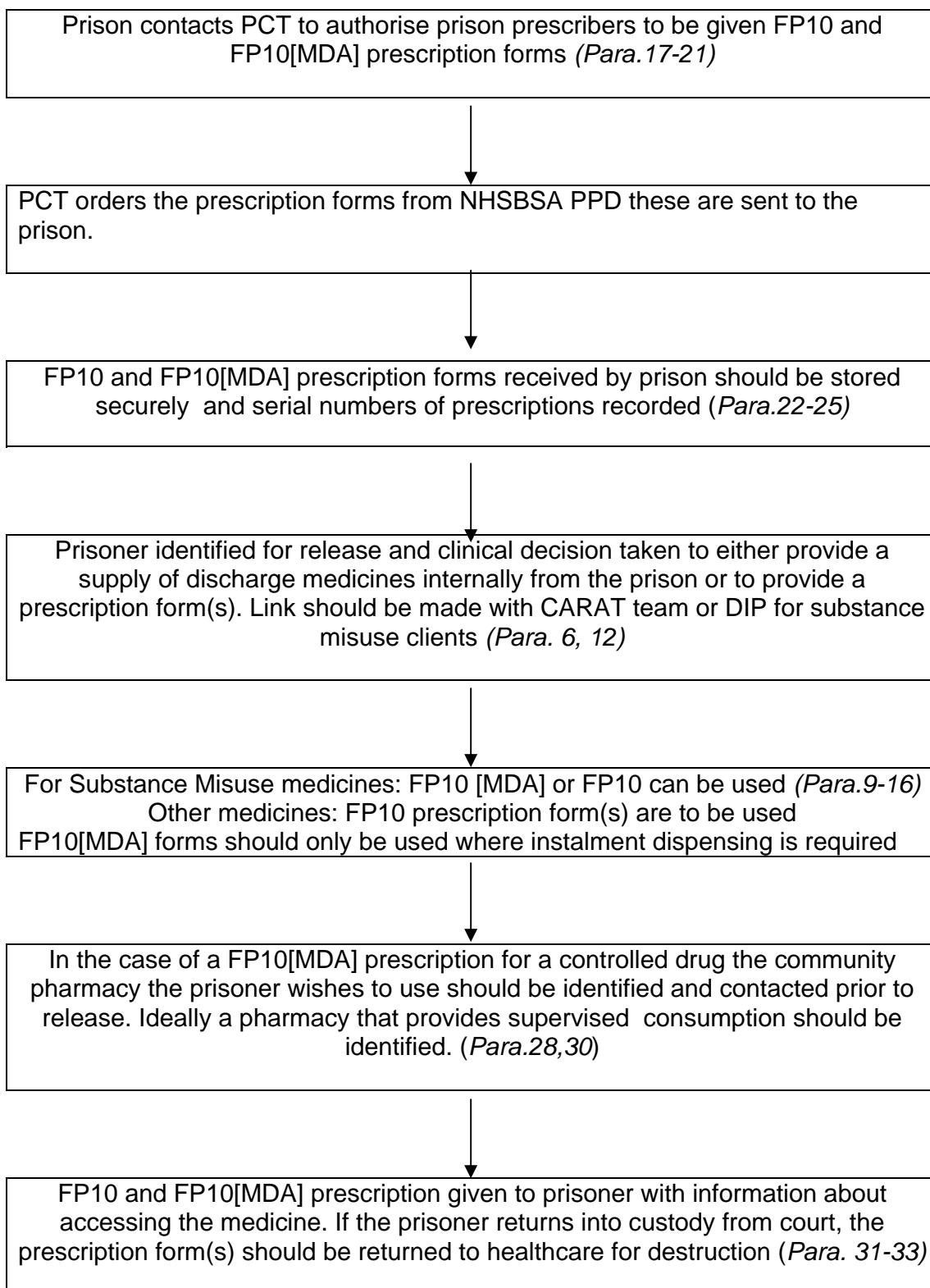
Queries about Prison-issued FP10 and FP10[MDA] prescriptions

48. During the pathfinder phase, queries arising from the operational issues in this guidance should be directed to: cliff.howells@dh.gsi.gov.uk and carol.lange@dh.gsi.gov.uk where relevant contacts for the organisations within the initial phase will also be available.

References

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- ⁱ Clinical Management of Drug Dependence in the Adult Prison Setting, DH 2006
 - ⁱⁱ Prisons Integrated Drug Treatment System (IDTS) Continuity of Care Guidance January 2007
 - ⁱⁱⁱ "Drug misuse and dependence: UK Guidelines on clinical management", DH Nov 2007
 - ^{iv} Safer Management of Controlled Drugs: (1) Guidance on the strengthened governance arrangements, DH January 2007 available to download from www.dh.gov.uk/controlleddrugs
 - ^v Safer Management of Controlled Drugs: Guidance on the Standard Operating Procedures for CDs, DH January 2007 available to download from www.dh.gov.uk/controlleddrugs
 - ^{vi} Safer Management of Controlled Drugs: changes to record keeping requirements', DH 28th January 2008 available to download from www.dh.gov.uk/controlleddrugs

Appendix 1: Summary Algorithm for FP10 or FP10[MDA] Prescriptions issued by Prisons



Appendix 2: Summary Algorithm for Dispensing and Reimbursement of FP10 or FP10[MDA] Prescription Forms issued by Prisons

Patient recently released from prison presents FP10 or FP10[MDA] at pharmacy with or without prior notification from releasing prison (*Para. 7, 29,30*)

Prescription form will have either prison address or a community residential address as the patient's address. Practice address will state "HMP" prison name, phone switchboard number and PCT authorisation information (*Para. 36*)

If the above criteria are met the prescription should be dispensed free of charge. If different from the front of the form patient should print name and enter their address on Part 3 of the form No need for patient signature against exemption. (*Para. 35-37*)

If legitimacy or patient I.D. requires confirmation contact prison healthcare for verification (*Para. 41*)

Dispense according to the regulations. Supply medicines for the treatment of substance misuse under supervised consumption if prescribed and available. (*Para.28,29*)

Sort prison issued FP10 and FP10[MDA] together with other no charge prescription forms and submit to the NHSBSA PPD for reimbursement (*Para. 42*)

Community pharmacies will be reimbursed as for other FP10/FP10[MDA] prescriptions. PCTs will be charged reimbursement and remuneration fees for prison issued items for prisons located within the PCT. Reports on prison FP10/FP10[MDA]prescribing will be available to PCT and prison via all NHSBSA PPD information reports (*Para. 43-47*)