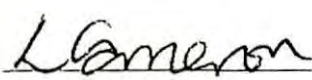



**Procedure for The Storage and Security of Hospital Based Prescription  
(HBP) Pads within NHS Grampian Authorised Clinics, Wards and  
Departments**

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**Policy Statement:**

It is the responsibility of all staff to ensure that they are working to the most up to date  
and relevant guideline, policies, protocols and procedures.

**Version 1**

This controlled document shall not be copied in part or whole without the express  
permission of the author or the author's representative.

**Executive Sign-Off**

This document has been endorsed by the Director of Pharmacy

**Signature:**  \_\_\_\_\_

**Replaces:** N/A new document

**Document application:** NHS Grampian

**Revision History: N/A**

<b>Revision Date</b>	<b>Summary of Changes (Descriptive summary of the changes made)</b>	<b>Changes Made (Identify page numbers and section heading)</b>

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# **Procedure for The Storage and Security of Hospital Based Prescription (HBP) Pads within NHS Grampian Authorised Clinics, Wards and Departments**

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## 1. Introduction

Hospital Based Prescriptions (HBP) are prescriptions issued to hospital attendees to take to a Community Pharmacy for the supply of a medicine. Some locations within NHS Grampian are authorised to use HBPs; these locations must follow the locally approved HBP ordering process and are responsible for the safe storage of the HBP pad(s) allocated to them i.e. the HBP pad must be stored in a locked cupboard.

Locations authorised to keep HBP pads must have a process in place to record:

- when the HBP pad has been issued to a prescriber to use
- to whom they were issued
- the serial numbers of the prescription sheets used
- when the HBP pad was returned.

Appendices have been created to aid recording of essential information but clinics/wards can continue with existing processes e.g. recording information in a notebook or CD book as long as they meet the requirements detailed below.

## 2. Evidence Base

This procedure has been developed following the principles set out in the NHS National Services Scotland document [Security of Prescription Form Guidance](#) (February 2024).

## 3. Procedure

3.1 Locations with Hospital Based Prescription (HBP) pads allocated to them must maintain a signature log with the contact details of prescribers authorised to prescribe within the area and who have used an HBP pad ([appendix 1](#)). This is to identify prescribers should there be a query about a prescription from Community Pharmacy. Foundation Year 1 (FY1) doctors are not permitted to prescribe using HBPs. This log should be stored in a location in the clinic/ward where staff who will be using the HBP pads have access.

3.2 On receipt of the HBP pad from pharmacy the HBP pad must immediately be stored in a locked cupboard with the following information recorded ([appendix 2](#)):

- HBP pad Number (number written on the back of the HBP pad)
- Date/Time received
- 11 digit serial number of the first & last prescription sheet in the pad (found on bottom left of prescription sheet - see [image 1](#))
- The person who has received the pad (PRINT NAME & signature)

[Appendix 2](#) should be kept in a location in the clinic/ward where staff who receive the HBP pads have access.

3.3 HBP pads must be stored in a locked cupboard at all times when not in use. The Appointed Registrant and the Assigned Registrant for Medicines Storage (see [Storage of Medicines within Clinical Areas Policy](#)) are responsible for the ongoing and day to day storage of HBP pads respectively. Prescribers who have been issued a HBP pad to use are responsible for the safety and security of the HBP pad while in their possession. HBP pads must never be removed from the location they are assigned to and must never be left on display, left unmanned in clinic rooms, left unattended with patients, visitors or unauthorised staff or left in consultation rooms overnight.

3.4 When issuing an HBP pad to a prescriber clinic/ward staff must:

- Check the ID of the prescriber and ensure they are on the HBP Pad Prescriber Signature Log ([appendix 1](#)), if not ask prescriber to complete signature log.
- Give the prescriber the Prescriber's Responsibilities Card ([appendix 3](#)).
- Issue the whole HBP pad to the prescriber, it is not permitted to remove individual prescription sheets to give to a prescriber
- Ensure the following is recorded ([appendix 4](#)):
  - The number of the HBP pad issued (number on the back of the pad)
  - Date/time the HBP pad was issued
  - 11 digit serial number of the first blank prescription sheet in the HBP pad (found on bottom left of prescription sheet - see [image 1](#)). Check that this matches the number of the pad when it was previously returned (see [section 3.8](#)).
  - Name & signature of the person issuing the HBP pad
  - Name & signature of the prescriber to whom the HBP pad is issued to.

[Appendix 3](#) and [appendix 4](#) should be stored with the HBP pads.

3.5 The carbon copy of any prescriptions issued should be disposed of by the prescriber in the pink confidential waste bag.

3.6 After use prescribers must return the HBP pad to clinic/ward staff and the following should be recorded ([appendix 3](#)):

- Date/time HBP pad was returned
- Serial number (11 digit number on the bottom left of the prescription sheet) of the first blank prescription sheet on the HBP pad on return (see [image 1](#))
- Name & signature of the prescriber returning the HBP pad
- Name & signature of the person the HBP pad has been returned to.

3.7 Any unused or partially used HBP pads that are no longer required must be returned to pharmacy for destruction. This should be recorded in [appendix 2](#).

- 3.8 Any lost or suspected stolen HBP prescription pads or sheets must be investigated urgently. The amount of prescription sheets that have been removed from a HBP pad can be identified by the 9<sup>th</sup> & 10<sup>th</sup> digit of the 11 digit serial number which are sequential (see [example 1](#) and [image 2](#)). Any discrepancies between, the number of prescriptions sheets removed from a HBP pad and issued to patients or a discrepancy between the serial number recorded when a pad was returned and about to be re-issued must be investigated.

Lost or suspected stolen HBP pads or sheets must be reported to pharmacy (who will inform the Primary Care Contracts Team) and a Datix report submitted. The following should be included in the Datix report:

- Date/time the loss/theft was discovered
- Date/time of reporting the loss/theft
- Place where the loss/theft occurred
- Type of prescription stationery i.e. Hospital Based Prescriptions (HBP)
- Quantity/ 11 digit serial numbers of HBP pads or prescriptions sheets involved
- Details of whom the loss/theft was reported to.

#### Example 1

Serial Number on issue	Serial Number on Return
12345678 <b>9</b> 10 XXXXXXXX <b>9</b> 1X	12345678 <b>9</b> 57 XXXXXXXX <b>9</b> 5X
Four prescription sheets have been removed; numbers 91, 92, 93 and 94. The next prescription in the pad is number 95.	

## 4. References

- 4.1. [Security of Prescription Form Guidance, NHS National Services Scotland, February 2024](#)
- 4.2. [NHS Grampian Storage of Medicines within Clinical Areas Policy, June 2023](#)

## 5. Responsibilities for implementation

<b>Organisational:</b>	Chief Executive and Management Teams
<b>Corporate:</b>	Senior Managers
<b>Departmental:</b>	Heads of Service/Clinical Leads
<b>Area:</b>	Line Managers
<b>Hospital/Interface services:</b>	Group Clinical Directors
<b>Operational Management Unit:</b>	Unit Operational Managers



## 6. Appendices

Image 1

**FORM HBP(5)** NATIONAL HEALTH SERVICE (SCOTLAND)

Name \_\_\_\_\_

Address \_\_\_\_\_

Age if under 12 yrs. \_\_\_\_\_

Yrs / Mths \_\_\_\_\_

Postcode \_\_\_\_\_

No. of Days Treatment ☐ CHI No. \_\_\_\_\_

Prescriber name in block capitals \_\_\_\_\_

Signature of Prescriber \_\_\_\_\_ Date \_\_\_\_\_

Hospital or Clinic \_\_\_\_\_ Code No. \_\_\_\_\_

03/16

**11 digit serial number** **12345678910**



Image 2

FORM HBP(5)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under 12 yrs.

Yrs / Mths

Postcode

No. of Days Treatment

☐ CHI No.

Prescriber name in block capitals

Signature of Prescriber

Date

Hospital or Clinic

03/16

Pack size Numbers only

Pack size Numbers only

Code No

12345678910

Sample A: on issue prescription sheet number is 91

FORM HBP(5)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under 12 yrs.

Yrs / Mths

Postcode

No. of Days Treatment

☐ CHI No.

Prescriber name in block capitals

Signature of Prescriber

Date

Hospital or Clinic

03/16

Pack size Numbers only

Pack size Numbers only

Code No

12345678957

Sample B: on return prescription sheet number is 95

Four prescription sheets have been removed, numbers 91, 92, 93 and 94.

## Appendix 1: HBP Pad Clinic/Ward Prescriber Signature Log

[illegible]

Store in a location on the clinic/ward where all staff who will be issuing the HBP pads have access.

## Appendix 2: Record of Receipt/Return of Hospital Based Prescription (HBP) Pads from/to Pharmacy

HBP pad Number	Date/Time	Received or returned?	11 digit serial number of first prescription sheet in the pad	11 digit serial number of last prescription sheet in the pad	Received/returned to pharmacy by	
					PRINT NAME	Signature

Store in a location on the clinic/ward where all staff who receive the HBP pads have access.

HBP pad Number	Date/Time	Received or returned?	11 digit serial number of first prescription sheet in the pad	11 digit serial number of last prescription sheet in the pad	Received/returned to pharmacy by	
					PRINT NAME	Signature

Store in a location on the clinic/ward where all staff who issue HBP pads have access.

### **Appendix 3: HBP Pad Prescriber's Responsibilities Card**

As a prescriber using a Hospital Based Prescription (HBP) Pad you are responsible for the safety and security of the HBP pad while it is in your possession. You must follow the steps set out in the Guidance on the Storage and Security of Hospital Based Prescription (HBP) Pads in NHS Grampian Authorised Clinics, Wards & Departments in relation to signing the HBP Pad Prescriber's Signature Log and the Record of Issuing Hospital Based Prescription (HBP) Pads to Prescribers in Clinics/Wards.

You must show clinic/ward staff NHS Grampian identification before being issued an HBP pad.

While HBP pads are in your possession they must be either in use or stored in a locked cupboard/drawer.

HBP pads must:

- Never be removed from the location they are assigned to (e.g. the specific clinic or ward)
- Never be left on display
- Never be left unmanned in clinic rooms
- Never be left with unattended patients
- Never be left in consultation rooms overnight.
- Be returned to clinic/ward staff as soon as it is no longer required.

It is not acceptable to remove individual prescription sheets for use; the whole pad must be issued and then returned after use. The 11 digit serial numbers of the first prescription sheet in the HBP pad must be recorded on issue and return.

You are responsible for disposing of the carbon copies of any prescriptions you write in the pink confidential waste bag.

Store this HBP Pad Prescriber's Responsibilities Card with the HBP pads.

#### Appendix 4: Record of Issuing Hospital Based Prescription (HBP) Pads to Prescribers in Clinics/Wards

Complete when HBP pad issued to prescriber				Complete when HBP pad returned by prescriber		
HBP pad Number	Date/Time Issued	11 digit serial number of first blank prescription sheet on issue	Issued by (NAME & Signature)	Date/Time Returned	11 digit serial number of first blank prescription sheet on return	Returned by (NAME & Signature)
			Issued to Prescriber (NAME & Signature)			Received by (NAME & Signature)
<i>Example</i>				<i>Example</i>		
001	06/06/24 0800	12345678910	A NURSE <i>A Nurse</i>	06/06/24 1300	12345678957	A PRESCRIBER <i>A Prescriber</i>
			A PRESCRIBER <i>A Prescriber</i>			A NURSE <i>A Nurse</i>

Store with the HBP pads.

Complete when HBP pad issued to prescriber				Complete when HBP pad returned by prescriber		
HBP pad Number	Date/Time Issued	11 digit serial number of first blank prescription sheet on issue	Issued by (NAME & Signature)	Date/Time Returned	11 digit serial number of first blank prescription sheet on return	Returned by (NAME & Signature)
			Issued to Prescriber (NAME & Signature)			Received by (NAME & Signature)
<i>Example</i>				<i>Example</i>		
001	06/06/24 0800	12345678910	A NURSE <i>A Nurse</i>	06/06/24 1300	12345678957	A PRESCRIBER <i>A Prescriber</i>
			A PRESCRIBER <i>A Prescriber</i>			A NURSE <i>A Nurse</i>

Store with the HBP pads.