**Transferring Paper Prescriptions within LYPFT**

Applies to services not using the EPMA system

**New ‘paper’ Prescriptions**

* Where the prescriber is working remotely suggest the prescription is scanned/ photographed using a Trust scanner or work phone (saved to the work side of Trust mobile phones and then deleted).
* Sent via email as an attachment NB this must only be from and to secure nhs.net email accounts.
* Ensure the prescribers current contact details are within the email (in case of query).
* If the prescription needs dispensing from the LYPFT pharmacy:
	+ email it as an attachment to pharmacyleedspft.lypft@nhs.net with the subject line ‘*PRESCRIPTION FOR SUPPLY [today/ tomorrow/ date (specify)] from the [Becklin/ Mount (specify)]*’
	+ include within the body of the email any relevant information regarding how the medication will be collected /where the medication needs to go.

**Amendments to existing ‘paper’ Prescriptions**

* Where possible use the above ‘New ‘paper’ Prescriptions’ process
* If this is not possible the prescriber can email details of the required amendment to pharmacyleedspft.lypft@nhs.net with the subject line ‘*PRESCRIPTION AMENDMENT for [patients NHS number (specify)]*’
	+ If possible attach the patients current prescriptions
	+ include within the body of the email
		- confirmation of the patients name
		- your name and contact details
		- the team/ service area that the prescription relates to eg ‘CMHT E, AOT, clozapine clinic
		- details of the amendment ie changing from *[drug name/ form/ strength/ dose/ frequency/ duration]* to *[drug name/ form/ strength/ dose/ frequency/ duration]*
		- the date (and time if appropriate) the change needs to be made, where possible allow 48hrs for this change to be made (to allow for logistical/ work pressure delays)
		- any other relevant information relevant to the change such as supply arrangements, key contact within the team.

**Paper Prescriptions due for re-write ie beyond Trust stated validity date**

Current practice is that scripts are valid for the following duration (provided they are not for a CD):

* clozapine prescriptions – 6 months
* depot prescriptions – 6 months
* AOT prescriptions – 6 months
* Where possible use the above ‘New ‘paper’ Prescriptions’ process
* If this is not possible the prescriber can email pharmacyleedspft.lypft@nhs.net with the subject line ‘*PRESCRIPTION EXTENSION for [patients NHS number (specify)]*’
	+ If possible attach the patients current prescriptions
	+ include within the body of the email
		- confirmation of the patients name
		- your name and contact details
		- the team/ service area that the prescription relates to eg ‘CMHT E, AOT, clozapine clinic
		- the specifics of the prescription extension – if the prescription is attached it’s acceptable to state ‘*extension of the attached prescription*’. Otherwise the following needs stating *[drug name/ form/ strength/ dose/ frequency/ duration]* for each item on the prescription.
		- any other relevant information relevant to the change such as supply arrangements, key contact within the team.

**Prescriptions will be extended for a further 3 months unless otherwise stated. The above does not preclude the need for clinical review.**

**Process for pharmacy staff**

As currently, a pharmacist must authorise ‘clinically check’ any new, amended or extended prescriptions.

* If this is done remotely this should ideally be done within the email trail ie by forwarding the email adding ‘*Authorised by [pharmacist name (specify)]*’ at the end of the existing email subject title.
* If done with access to the original paper prescription the usual clinical check process would apply.

Dispensary staff should print off the email associated with any new, amended or extended prescriptions. (if clinically checked remotely this would be the one forwarded from the authorising pharmacist).

The email should be attached to the actual prescription.

A registered pharmacist or pharmacy technician should then endorse the original prescription with the relevant information and sign/ date the endorsement.

**For situations outside any of the above contact Jane Riley/ Dawn Fleming or another senior pharmacist for advice.**