



Dear Colleague

## **PRESCRIPTION STATIONERY – CP4/3 PRESCRIPTION FORM PAPER TYPE CHANGE**

### **Summary**

1. This Circular advises NHS Boards and community pharmacy contractors of changes to NHS prescription stationery for the CP4/3 prescription form.

### **Background**

2. [PCA \(P\)\(2017\) 12](#) advised about the introduction of the ePharmacy CP4/3 form allowing community pharmacy contractors to manage and deliver pharmacy-led services from their Patient Medication Record (PMR) system, replacing the hand-written CPUS form.

3. The dual form has been used successfully in community pharmacies since its introduction, and as part of a costing savings review, it has been identified that changing the paper type of this form will contribute towards the strategic objectives and priorities of the NHS by providing financial benefit and efficient use of resources.

### **Details**

4. Following conclusion of a risk assessment, the CP4/3 form will now be printed on plain white paper with no NHS background or secure tagging, because it is deemed less risky than other prescription form types to prescription form theft to obtain drugs illegally, often controlled drugs (CDs), for misuse.

5. The paper will still include a perforation, enabling the forms to be separated. The weight of the paper will change from 70gsm to 80gsm, which is the weight of standard printing paper.

4 October 2024

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#### **Addresses**

##### For action

Chief Executives, NHS Boards

##### For information

NHS Directors of Pharmacy

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#### **Enquiries to:**

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6. The only pre-printed text on the CP4 side of the form will be the form type title and the form type code at the bottom. The PMR system will continue to print the required prescription details on the CP4 form in the exact same way as it currently does, enabling community pharmacies to continue to print and use the form for their internal operational dispensing and patient safety checks.

7. There is no legislative requirement for community pharmacies to send the CP4 form to National Services Scotland (NSS) for scanning and this form is **NOT** used as part of the payment process.

8. **To allow the NHS to achieve their efficiency objectives, once the CP4 form has been used for operational processes within the community pharmacy, it should be confidentially shredded locally and NOT sent to NSS for scanning. It is also recognised that the forms can form part of the communication process with other healthcare professionals e.g. for unscheduled care or PGD supplies. This activity can continue.**

9. There will be no change to the blue pre-printed text on both sides of the CP3 form as both the patient and pharmacist consent is still a legislative requirement for Medicines: Care & Review (MCR) registration and withdrawal.

10. Community pharmacy contractors should continue to send only the **CP3** form (MCR Registrations) to NSS for scanning.

11. The new form has been included in the Annex for illustration purposes.

### **Rollout of new paper type**

12. Community pharmacies should continue to use the current form until all stock has been depleted locally and in the Health Board stores.

13. There is no change to the ordering process for CP4/3 prescription forms, and the new forms will be issued automatically once the central stores stock of the old form type is exhausted. The current estimate is that the new forms will start to be issued in November, which is dependent on order volumes from the Health Boards.

### **Prescription Submissions sent to NSS**

14. When preparing batches of prescriptions for submitting to NSS for scanning, **pharmacy teams should ensure that all staples, paper clips, sticky notes, and tape are removed**, as this slows down the batch preparation and scanning process significantly. The new scanners are fitted with magnetic detectors and by removing them, it reduces the risk of unidentified staples scratching the scanner glass and will avoid delay to pharmacy claims being processed. Further best practice guidance can be found on the PSD website at <https://www.nss.nhs.scot/pharmacy-services/pharmacy-prescriptions/submit-and-retrieve-prescriptions/>

15. Community Pharmacy Scotland has been consulted on the details of this circular.

**Action**

16. NHS Boards are asked to:

- Copy this circular to all Community Pharmacy Contractors on their local lists who should review and update their Standard Operating Procedures (SoPs) where relevant and appropriate.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Alison Strath', with a long horizontal flourish extending to the right.

**Alison Strath**  
Chief Pharmaceutical Officer  
Pharmacy & Medicines Division

ANNEX

FRONT OF FORM

(the dotted line in the middle of the form is only an indicator of where the paper perforation will be)

FORM CP4(SS)(5)

FORM CP3(SS)(5)

NATIONAL HEALTH SERVICE (SCOTLAND)

Name

Address

Age if under 12 yrs.

Yrs / Mths

Postcode

Pharmacy Stamp

DOB/CHI No.

Male ☐

Female ☐

MCR Registration Declaration

☐ Registration

I hereby accept the patient named above into the NHS Medicines: Care & Review at this NHS community pharmacy under the terms and conditions of the relevant NHS Pharmaceutical Services Regulations and Directions. I consent to any relevant checks on the claims I make in respect of this service being undertaken by the Common Services Agency.

MCR Withdrawal Declaration

☐ Withdrawal

I hereby withdraw the patient named above from the list of patients registered for the NHS Medicines: Care & Review at this NHS community pharmacy.

Signature of Pharmacist

Date

PS Contractor Code

GPhC Reg Number

09/24

Please read notes overleaf and complete relevant parts

00740074

07710771

BACK OF FORM

CP3(SS)(5) IMPORTANT NOTES FOR PATIENTS

MCR Registration Declaration

A: Consent for Data Sharing

- ☐ I consent to any necessary and relevant dispensing and clinical data about my care under the NHS Medicines: Care & Review (MCR) being shared between my community pharmacy and GP practice.

B: MCR Registration

- ☐ I wish to access NHS pharmaceutical services under the NHS Medicines: Care & Review (MCR) from this NHS community pharmacy and I understand and accept the conditions which apply to this registration for MCR, as explained by the pharmacist.

C: MCR Eligibility

- ☐ I confirm that:
- i) I am registered as a patient with a GP practice in Scotland other than as a temporary resident; and
  - ii) I have a long term condition(s) which requires ongoing management.

D: MCR Declaration

- ☐ I consent to any relevant clinical data about my care under MCR which is necessary and relevant to the prevention, detection and investigation of crime being shared between my pharmacy, GP practice and the Common Services Agency.
- ☐ I declare that the information I have given on this form is correct and complete. I understand that relevant information will be shared between the NHS National Services Scotland (NSS), my GP practice and community pharmacy to enable the NHS to confirm my eligibility to register for MCR. NSS may also share relevant information with other bodies responsible for auditing and administering public funds for the purpose of prevention, detection and investigation of patient and contractor fraud. I understand if I knowingly give wrong or incomplete information I may be subject to court proceedings.

(Please cross one box below and then sign and date the form)

- ☐ I am the patient.
- ☐ I am the patient's representative.

Sign here  Date    /    /

MCR Withdrawal Declaration

- ☐ I hereby withdraw my registration for the NHS Medicines: Care & Review at this community pharmacy.

(Please cross one box below and then sign and date the form)

- ☐ I am the patient.
- ☐ I am the patient's representative.

Sign here  Date    /    /