Overprint Specification For:

Non-FP10 Supply Forms

This section covers printing requirements for the supply of medicinal products and appliances under a patient group directive (Non-FP10).

Pharmacy Stamp Area	The following text shall be printed in the area of the FP10-SS usually designated for the dispensing organisation's stamp. **Not to be dispensed by a community pharmacy** The text should be Arial [bold] 7.5pt and should be centred vertically and horizontally within the box. The text shall be wrapped to ensure it is wholly positioned within the box. **Note** 1. The use of lower case is not mandatory.
Patient Details Area	**Age and D.o.B** The age and date of birth shall be printed in the appropriate area under the relevant field name. The date shall be printed in the format "dd/mm/yyyy". The font should be Arial [bold] 7 pt and centred horizontally. Vertically the details should be positioned below the relevant heading (within 4mm). **Title, Forename, Surname, & Address** The patient name and address shall be printed in the top right hand box. The font should be Arial [bold] 7.5pt. There should be a blank line between the name and the first line of the address. The postcode should appear on the same line as the last line of the address and should be left aligned with the start of the NHS number (if available). There should be a blank line between the last line of the address and the NHS number. The NHS number should be printed on the same line as the 'NHS Number:' prompt. The NHS number should be right justified and there should be 5mm between the last character and the edge of the prescription. **Note** 1. The use of capital letters is not mandatory. 2. The format of the patient name should be agreed between the user and the system supplier. 3. If the patient name and/or address details do not fit into the designated field, a set of 'rules' should be agreed between the user and the system supplier which shall not involve the wrapping of text. 4. If the NHS Number is not available the field shall be blank.
Endorsements Column	No prescribing overprinting requirements.

Prescribing Area	The Non Prescription Supply prescriber/initiative description shall be printed at the top of the prescribing area, right aligned and shall be printed on 6 lines as shown below.
	All six lines shall be printed.
	The font should be Arial [bold] 7.5.
	The first, third and fourth lines (with the exception of 'Or') shall be printed in capitals.
	The second, fifth and sixth lines shall be printed in lower case.
	
	A box or brackets [ ], approximately 3.5mm by 4mm, shall be printed alongside 'PERSONAL ADMIN' and 'Or, IMMEDIATE TREATMENT'.
	These boxes or brackets shall be separated vertically by at least 1mm and shall be 5mm from the right edge of the prescribing area.
	There shall be a gap of between 3 and 5 mm between the text and the boxes.
	An X should be printed in the relevant box or bracket if the product was personally administered or supplied as immediate treatment although this annotation can be manually added by the OOH supplier following the printing of the form.
	
	The prescriber/initiative description is as follows:
	
	 NON-PRESCRIPTION SUPPLY
	Supplier specify if:
	PERSONAL ADMIN ☐
	Or, IMMEDIATE TREATMENT ☐
	If neither – patient must
	complete reverse of this form
	Prescribed Medications Items[1]
	
	There shall be a one line gap between the Prescriber/initiative description and the medication details.
	The font should be Arial 7.5 to 10pt (the size of the font may need to be adjusted to ensure the text will fit within this area).
	The font should be left aligned and there should be a 5mm gap between the first and last characters and the edge of the box.
	For each prescribed medication item, the following shall be printed;
	
	    ▪ Dictionary of Medicines and Devices (dm+d) Product Name[2]
	    ▪ Quantity (shall be printed in both words and figures)[3]
	    ▪ Dosage/Frequency
	
	For each controlled drug item in schedule 1, 2 or 3, the text 'CD' shall be printed after the dm+d product name e.g. Methadone 5mg Tablets CD.
	The medication item description and quantity should be printed on the same line, wrapping onto a second line if required.
	The dosage/frequency instructions should be printed on a separate line to medication item description and quantity.
	There shall be a one line gap between the medication item details and the medication item separator.
	Each medication item should be separated by a solid or hashed horizontal line or similar separator.
	Any remaining lines between last prescribed medication item and the bottom of the box should be printed with an 'X' character, or similar, centre aligned within the box.

[1] Based on the BNF section entitled "Prescription Writing – Computer-issued prescriptions", containing recommendations from the Joint GP Information Technology Committee. Please note that the BNF recommends that quantity should be expressed in brackets e.g. (100). Following investigation, the PPD preference is that brackets are omitted.

[2] The dm+d product name is made up of drug, strength and formulation e.g. "Aspirin 300mg tablets".
[3] Where the product is a schedule 1, 2 or 3 controlled drug the printed details must comply with the legal requirements e.g. the total quantity shall be printed in both words and figures.

Right Hand Column (Initiative Area)	The 2 character initiative identifier **PG** shall be printed in two positions in the right hand column (in the white section and in the green section below). The font should be Arial [bold] 10pt. The text shall be printed in capitals. The 2 character initiative identifier **PG** shall be centred horizontally across the column and positioned vertically within 8mm of the top of the box in which it appears. **Note** 1. It is recognised that printing the initiative identifier in this position may mean printing over the pre-printed text 'Office use' on some older versions of the prescription form.
Signature of Prescriber Area	The pre-printed text 'Signature of prescriber' is not appropriate for these forms. The printer shall strike out/overwrite the words 'of prescriber'. e.g. Signature of prescriber XXXXX

Prescriber Address Box	The OOH supplier name and Code, both as agreed with the PPA, shall be printed on the top line of the address box. There shall be a one-line gap before the remainder of the address. The font should be Arial [bold] 7.5pt and left justified, except OOH Code and PCT Code (see below). At this point in time the Patient's Practice Code field situated below the PCT Code on the right hand side shall be left blank. This detail is to meet future reporting requirements therefore it is not mandatory at this point in time that the actual patient's practice code is printed on the form as this will not be captured initially. The postcode (Arial [bold] 7.5pt) should appear on the same line as address 2 but should be left aligned with the OOH Code and PCT Code. There does not need to be a 5mm gap between the last character of the postcode and the edge of the box. **Preferred Font and Position for OOH Code and PCT Code** The font should be Arial [bold] 12pt. The text shall be positioned towards the right of the box. The OOH Code and PCT code should be left aligned with each other. There shall be a 5mm gap between the last character of the longest data item and the edge of the box.
The 5 character PCT code should be printed eg 51A00. **The field marked with an asterisk (*) indicates that this is the actual text to appear on the form.**	**Preferred layout example for Non-FP10 supply forms** **OOH Supplier Name** **OOH Code** **{blank line}** **PCT NAME** **PCT Code** **PATIENT'S PRACTICE CODE:*** **OOH ADDRESS LINE 1** **OOH ADDRESS LINE 2** **Post Code** **TELEPHONE NUMBER** **Minimum Font and Position for OOH Code and PCT Code** As a minimum the OOH and PCT Code shall be positioned towards the right of the box. The font shall be equivalent to Arial [bold] 7.5pt. There shall be a 5mm gap between the last character of the longest data item and the edge of the box. **Note** 1. The use of capital letters is not mandatory. 2. The format of the OOH supplier name should be that agreed with the PPA. 3. The OOH supplier name and/or address details should not impinge upon the right hand side of the code area. Therefore a set of 'rules' should be agreed between the user and the system supplier which shall not involve the wrapping of text. 4. The PCT name should not impinge upon the right hand side of the code area. Therefore, it is advisable to use the agreed shortened PCT name available from the Department of Health website.

Mock-up For:

Non-FP10 Supply Forms

Pharmacy Stamp	Age	Title, Forename, Surname & Address
Not to be dispensed by a community pharmacy *Please don't stamp over age box*	**25** D.o.B **24/04/1981**	**MR ANDREW CHARLTON** **ADDRESS LINE 1** **ADDRESS LINE 2** **ADDRESS LINE 3** **ADDRESS LINE 4** **OB1 1OB**

Number of days' treatment
N.B. Ensure dose is stated

NHS Number: 1234567890

Endorsements

NON-PRESCRIPTION SUPPLY
Supplier specify if:
PERSONAL ADMIN ☐
Or, IMMEDIATE TREATMENT ☐
If neither – patient must
complete reverse of this form

PG

Signature XXXXXX

Date

For dispenser No. of Prescns. on form

OOH SUPPLIER NAME

PCT NAME
PATIENT'S PRACTICE CODE
OOH ADDRESS LINE 1
OOH ADDRESS LINE 2
TEL. 0910 4567000

123456
51A00

NE5 1ZZ

PG

NHS

F P 1 0 S S 0 4 0 6

PRINTED SERIAL NUMBER