

Medicines - Retention of Records

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1 Purpose

Following this procedure will help the Trust to:-

- Provide personalised care through effective use of medicines
- Manage risks with medicines through effective procedures about handling medicines

2 Related documents

This procedure describes what you need to do to implement the Retention of records section of the [Medicines Overarching Framework](#).



The Medicines Overarching Framework defines the compliance requirements for safe, secure and appropriate handling of medicine which you must read, understand and be trained in before carrying out the procedures described in this document.

3 Retention of records

Records relating to medicines must be retained for the **minimum** periods detailed below. These retention periods reflect the importance of this information for legal, audit and business purposes.

Type of record	Retention Period (Years)	Place of record retention
Ward/Dept stock top up sheets and stock orders	2 years from date of last entry	Ward / Dept / Pharmacy
Delivery notes	2 years from date of delivery	Ward / Dept /
Non-stock requisition forms/ faxed orders	2 years from date of ordering	Ward / Dept / Pharmacy
Copies of individualised prescription orders / leave & discharge prescriptions / outpatient prescriptions	2 years from date of last entry	Ward / Department
Controlled drugs order books	2 years from date of last entry	Ward or Dept
Controlled drugs registers (includes destruction records)	7 years from date of last entry	Ward or Dept
Controlled drugs transport/delivery notes	2 years from date of delivery	Ward or Dept/ Pharmacy
Drug prescription and administration record (including all chart variations)	8 years minimum	Patient's medical notes
MI enquires relating to patients	Minimum 8 years Minimum 25 years for paediatric , obstetric and Mental Health enquires Electronic database (MI Databank) records should be kept permanently	Pharmacy
FP10 usage and issue sheets	5 years	Pharmacy
Recalls and Drug alerts	5 years	Pharmacy
Individual named patient request forms (single application form)	As per MI enquiry	Pharmacy
Drug & Therapeutics Committee agenda's, letters, minutes, drug submissions etc.	20 years	Pharmacy (electronic)

3.1 Retention of prescriptions in the medical notes

Where inpatient, discharge and outpatient prescriptions are held within the patient's medical notes, these must be retained for a minimum of 8 years after the conclusion of treatment. However, this retention period increases as follows if the prescriptions relate to the treatment of:

Children and young people	Records must be retained until the patient's 25 th birthday or 26 th if young person was 17 at conclusion of treatment, or for 8 years after patient's death if death occurred before 18 th birthday.
Mental disorders	Records must be retained for 20 years after no further treatment is considered necessary, or 8 years after the patient's death if the patient died whilst still receiving treatment.

3.2 Storage of pharmacy records

All pharmacy records must be retained in a secure location.

3.3 Destruction of pharmacy records

Pharmacy records must be treated as controlled stationery and destroyed in a confidential manner by shredding.

3.4 References

This document refers to the following policy: [East of England NHS Senior Pharmacy Managers 2016](#)

Publications used to provide the source for the recommendations:

Records Management Code of Practice for Health & Social Care, Jul 2016

Misuse of Drugs Regulations 2001

A guide to good practice in the management of controlled drugs in primary care (England) v3.1, updated 1 Oct 2010.

Guidance for the safe custody of controlled drugs and drug precursors in transit, Home Office Sept 2013

Safer management of controlled drugs: a guide to good practice in secondary care (England). Dept of Health, October 2007.

PSI IDTS 2010/45

Good Distribution Guide

Medicines (pharmacies/responsible pharmacist) Regulations 2008 (SI 2008/2789).

Limitation Act 1980

EU Guide on Good Distribution Practice (part of the Orange Guide).

Duthie report 2005

Safe management of healthcare waste (version 2.0), Dept of Health & Environment Agency, 2012.

Article 9 of Directive 2003/94/EC.

Article 17 of Directive 2005/28/EC for Clinical trials

Wholesaler Dealers EU Guide on Good Distribution Practice

RSPGB ethics guide

Guidance note 14

HSC 1999/053

Article 51 (3) of Directive 2001/83

HTM02-01, Part B, Chapter 6

The Human Medicines Regulations 2012 (regulation 253 (5))

Veterinary medicines regulations 2009 (SI 2297).

The Human Medicines Regulations 2012 (regulation 170).

Terms of service of Pharmacists – Schedule 4, part 2, para 18 (b) to regulation 11(1)(a)(i) of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 Direction 5(1)(l); 7(1)(n); 10(2)(d) and 12(5)(e).

Clinical Standards Committee, Faculty of Sexual and Reproductive Healthcare (FSRH) of the Royal College of Obstetricians and Gynaecologists.

VAT regulations 2005 for invoices

4 Document control

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This document replaces:	PHARM-0002-013 v2	
Lead:	Name	Title
	Chris Williams	Chief Pharmacist
Members of working party:	Name	Title
	Sharron Gallagher Pharmacy Leadership Team	Lead Pharmacy Technician – Information
This document has been agreed and accepted by: (Director)	Name	Title
	Brent Kilmurray	Chief Operating Officer
This document was approved by:	Name of committee/group	Date
	Drug and Therapeutics Committee	23/11/17
An equality analysis was completed on this document on:	This policy is covered by the generic pharmacy equality impact assessment	
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