Public – To be published on the Trust external website

# Title: Medicines – Retention of Records

# Ref: PHARM-002-013-v4

**Status: Approved**
**Document type: Procedure**
**Overarching Medicines Overarching Policy**

# Contents

# 1 Introduction

This procedure supports our goal to co-create a great experience for our colleagues, by providing a workplace that is fit for purpose.

We do this by ensuring that records relating to the management of medicines in the Trust are retained for the minimum period required by law and/or guidance, according to the record type.

This procedure supports Our Journey to Change as set out in the Medicines Overarching Policy.

# 2 Purpose

Following this procedure will help the Trust to:

- Comply with legislation and/or guidance regarding the minimum retention period for records relating to medicines management, while…..
  - Complying with data security legislation and/or guidance regarding retention of patient identifiable information

# 3 Who this procedure applies to

This procedure applies to all staff involved in:

- handling of paperwork and emails relating to the approval, prescribing, ordering and supply of medicines
- providing advice to clinicians in response to queries about the use of medicines in specific patients

The procedure has been reviewed in consultation with the Pharmacy Leadership Team

The procedure aligns to the Trust value of RESPONSIBILITY, in terms of complying with legislation and guidance relating to retention of information.

# 4 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.

# 5 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 / EMIS |
| Delivery notes | 2 years from date of delivery | Ward / Dept / EMIS |
| Non-stock requisition forms | 2 years from date of ordering | Ward / Dept / Pharmacy / EMIS |
| Transfer of medicine books | 2 years from date of last entry | Ward / Dept / Pharmacy |
| **Copies** of individualised prescription orders / leave & discharge prescriptions / outpatient prescriptions | 2 years from date of last entry | Ward / Department / EMIS |
| 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 / Dept / Pharmacy |
| 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 / EPMA / MAR charts |

| | | |
|---|---|---|
| MI enquires relating to patients | Minimum 8 years<br>Minimum 25 years for paediatric, obstetric and Mental Health enquires<br>Electronic database (MI Databank) records should be kept permanently | Pharmacy |
| FP10 usage and issue sheets | 5 years | Pharmacy / Ward / Community teams |
| Recalls and Drug alerts | 5 years | Pharmacy |
| Individual named patient request forms (single application form) | As per MI enquiry | Pharmacy |
| Drug & Therapeutics Committee agendas, letters, minutes, drug submissions etc. | 20 years | Pharmacy (electronic) |

## 5.1 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 10 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 25th birthday or 26th if young person was 17 at conclusion of treatment, or for 10 years after patient's death if death occurred before 18th birthday.** |
| **Mental disorders** | Records must be retained for 20 years after no further treatment is considered necessary, or 10 years after the patient's death if the patient died whilst still receiving treatment. |

## 5.2 Storage of pharmacy records

All pharmacy records must be retained in a secure location.

## 5.3 Destruction of pharmacy records

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

# 6 Definitions

| Term | Definition |
|---|---|
| Controlled drugs | • Medicines / products which are subject to the Misuse of Drugs Act and Regulations in relation to supply, possession, and safe custody |
| EPMA | • Electronic Prescribing and Medicines Administration Electronic |
| FP10 | • NHS prescription form used by community teams to prescribe medication for community patients, and by inpatient wards to obtain urgent supplies of medication outside the normal process |
| MI | • Medicines Information |

# 7 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees to whom it is relevant through a line management briefing.

## 7.1 Training needs analysis

| Staff/Professional Group | Type of Training | Duration | Frequency of Training |
|---|---|---|---|
| Not applicable | | | |

# 8 How the implementation of this procedure will be monitored

| Number | Auditable Standard/Key Performance Indicators | Frequency/Method/Person Responsible | Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). |
|---|---|---|---|
| 1 | All records retained for the minimum period | Frequency = Ad-hoc<br>Method = Dispensary checks<br>Responsible =Pharmacy Assistants | Pharmacy Leadership Team |

# 9 References

This document refers to the following policy: SPS East of England recommendations for retention of pharmacy records 2023

Publications used to provide the source for the recommendations:

- Records Management Code of Practice for Health & Social Care, August 2021
- Misuse of Drugs Regulations 2001
- Guidance for the safe custody of controlled drugs and drug precursors in transit, Home Office December 2022
- Duthie report 2005
- Counter Fraud Authority – Management and control of prescription forms
- Recommendations for the Retention of Pharmacy Records (England) 2019

# 10 Document control (external)

To be recorded on the policy register by Policy Coordinator

| Required information type | Information |
|---|---|
| Date of approval | 23 January 2025 |
| Next review date | 23 January 2028 |
| This document replaces | PHARM-0002-013-v3 |
| This document was approved by | Drug & Therapeutics Committee |
| This document was approved | 23 January 2025 |
| This document was ratified by | N/A |
| This document was ratified | N/A |
| An equality analysis was completed on this policy on | Pharmacy Overarching Equality Analysis applies |
| Document type | Public |

**Change record**

| Version | Date | Amendment details | Status |
|---|---|---|---|
| 3 | 22 July 2021 | Full scheduled review – minor changes only (e.g. removal of reference to faxes). Checked against national guidance. Transferred to new template | Superseded |
| 4 | 23 Jan 2025 | Full scheduled review – minor changes only (addition of EMIS/ MAR charts/ Community Teams and EPMA reference).<br>Addition of Transfer of medication books.<br>Retention of prescriptions in the medical notes – extended from 8 years to 10 years as standard<br>Checked against national guidance. Transferred to new template<br>Links to reference data updated | Published |

## 10.1 Approval Checklist

| Title of document being reviewed: | Yes / No / Not applicable | Comments |
|---|---|---|
| **1. Title** | | |
| Is the title clear and unambiguous? | Y | |
| Is it clear whether the document is a guideline, policy, protocol or standard? | Y | |
| **2. Rationale** | | |
| Are reasons for development of the document stated? | Y | |
| **3. Development Process** | | |
| Are people involved in the development identified? | Y | |
| Has relevant expertise has been sought/used? | Y | |
| Is there evidence of consultation with stakeholders and users? | Y | |
| Have any related documents or documents that are impacted by this change been identified and updated? | Y | |
| **4. Content** | | |
| Is the objective of the document clear? | Y | |
| Is the target population clear and unambiguous? | Y | |
| Are the intended outcomes described? | Y | |
| Are the statements clear and unambiguous? | Y | |
| **5. Evidence Base** | | |
| Is the type of evidence to support the document identified explicitly? | Y | |
| Are key references cited? | Y | |
| Are supporting documents referenced? | Y | |

| | | |
|---|---|---|
| **6. Training** | | |
| Have training needs been considered? | Y | |
| Are training needs included in the document? | No | Not applicable |
| **7. Implementation and monitoring** | | |
| Does the document identify how it will be implemented and monitored? | Y | |
| **8. Equality analysis** | | |
| Has an equality analysis been completed for the document? | Y | |
| Have Equality and Diversity reviewed and approved the equality analysis? | | Pharmacy generic EA |
| **9. Approval** | | |
| Does the document identify which committee/group will approve it? | Y | |
| **10. Publication** | | |
| Has the policy been reviewed for harm? | Y | |
| Does the document identify whether it is private or public? | Y | Public |
| If private, does the document identify which clause of the Freedom of Information Act 2000 applies? | n/a | |
| **11. Accessibility** (See intranet accessibility page for more information) | | |
| Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors) | Y | |
| Do all pictures and tables have meaningful alternative text? | Y | |
| Do all hyperlinks have a meaningful description? (do not use something generic like 'click here') | Y | |