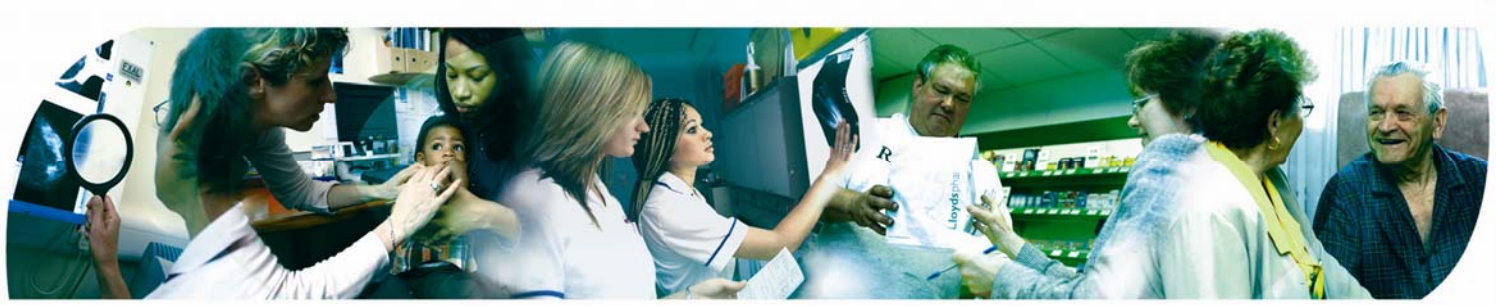
NHS
Business Services Authority

Security Management Service



Security of prescription forms guidance

Protecting your NHS

Updated July 2008

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Executive summary

It is expected that during 2007–08, prescription charges will raise around £425 million for the NHS. The Department of Health's *Prescription fraud efficiency scrutiny report*[1] however, estimated that losses to the NHS from prescription form theft and forgery were probably £15 million. It is clear that prescription forms are an important financial asset for the NHS and any theft and misuse can represent a huge financial loss.

Ensuring the security of prescription forms is a key area of action for the NHS Security Management Service (NHS SMS)[2]. The NHS SMS was launched in April 2003 and has policy and operational responsibility for the management of security in the NHS in England. The NHS SMS, along with its stakeholders, has developed this guidance document to provide NHS health bodies in England with a framework for the development of policies, procedures and systems to ensure the security of prescription forms against theft and abuse.

This guidance is for prescribers of medicines (including contractors, locum staff, nurse prescribers, pharmacist prescribers and supplementary prescribers) in all settings, pharmacists and dispensing staff (including those in the acute and community settings), heads of medicines management, staff who manage and administer prescription forms in the NHS, accountable officers for controlled drugs, Local Security Management Specialists (LSMSs) and Local Counter Fraud Specialists (LCFSs). The guidance is also applicable to the non-NHS setting, which includes private hospitals, independent clinics and individual private practice.

This document discusses a range of measures available to health bodies to prevent and tackle the problem of prescription form theft and misuse at a local level and outlines the recommended action for health bodies when an incident occurs.

Section 1 introduces the aim of the document and briefly discusses the impact of stolen and forged prescriptions on the NHS and issues around patient/user safety. Stolen and forged prescriptions are used to obtain drugs illegally, usually controlled drugs (CDs) to feed an addiction or for recreational purposes. The use of these drugs – which requires medical supervision – in this manner can result in dependency, cause harm to health, contribute to violence and aggression and place a burden on the NHS in the resulting treatment required for the individuals concerned.

Two investigation case examples **(1.7)** describe how prescription forms were stolen and misused. Currently, there are a number of security measures incorporated into prescription forms to prevent their misuse, such as serial numbers and anti-counterfeiting features. However, these are rendered less effective if poor security measures overall allow the theft and misuse of the forms in the first instance.

Section 2 discusses how the development of a pro-security culture in the NHS is essential to tackling this problem. It emphasises the need for staff at all levels to be made aware of their own responsibilities for tackling this problem. It also recognises that the LSMS role is key to the development of a pro-security culture and identifies ways in which NHS health bodies should engage with their staff on this issue.

[1] *Prescription fraud efficiency scrutiny report*. Department of Health, 19 June 1997.
[2] See www.cfsms.nhs.uk for further information.

Section 4 outlines in detail the actions and responsibilities required at different stages. It identifies the importance of health bodies designating a member of staff at the appropriate grade/level of responsibility (such as the **chief pharmacist/head of medicines management**) to accept overall responsibility for overseeing the whole process involved – from the ordering and receipt of prescription stationery to storage, transfer, access and overall security **(4.6–4.7)**. It also highlights the importance of the designated individual working with particular roles already established within health bodies, such as the accountable officer for controlled drugs and LSMS **(4.11–4.12)**; the interaction of these roles is discussed further throughout the document.

Best practice guidance is given for stock control and the stages of ordering, delivery, receipt, storage and distribution **(4.13–4.40)** of prescription forms. Actions to be taken if prescription forms are reported missing, lost or stolen are also provided **(4.41–4.43 and annexes A and B)**. Best practice guidance for prescribers issued with prescription forms includes advice on the storage of forms and the precautions staff should take **(4.46–4.49)**. To assist mangers and LSMSs, a handout that can be downloaded for distribution to staff is attached as an annex to this document **(annex F)**. The requirements and regulations concerning the use of prescription forms are examined, along with specific actions for **pharmacists** in response to prescriptions requesting CDs **(4.55–4.66)**, particularly with reference to schedule 2 or 3 and the new private prescription form FP10PCD. The issues specific to out-of-hours service provision **(4.67–4.68)**, GP visits to care homes **(4.69)** and locum staff **(4.70–4.72)** are also briefly discussed in this section. **Annexes G and H** outline suggested instructions for completing prescription form registers based on best practice.

Section 5 is about detecting the problem and discusses the importance of reporting incidents that result in prescription forms going missing or being lost or stolen. It also states to whom the matter should be reported and their required actions, such as completing the notification form **(5.2–5.5 and annex B)** and sending out local and national alerts **(5.8–5.11)**. Advice is also given to pharmacists on verifying prescriptions **(5.12–5.14)**, identifying forged prescriptions **(5.15–5.17)** and the Pharmacy Reward Scheme **(5.7, 5.13 and annex E)**.

Section 6 discusses the investigation of any incident involving missing, lost or stolen prescription forms and the required actions of the main players such as the accountable officer for controlled drugs, LSMS and LCFS. **Annex D** provides further information on the key responsibilities of staff, the health body, LSMS and LCFS in an investigation.

The document has been structured to reflect the business process outlined in the NHS SMS strategy document *A Professional Approach to Managing Security in the NHS*. It is designed to be as comprehensive as possible but, inevitably, such guidance cannot cater for every situation in the working environment. This guidance is a living document and will be updated when new developments occur.

This document should be used as a template to help develop and implement local procedures and systems to promote the security of prescription forms. It should incorporate local needs of staff and the environments in which they work.. Staff involved in the drafting and revision of local policies should give consideration to restricting the distribution and disclosure of these policies.

We hope that NHS health bodies across England will find the guidance useful in dealing with this problem locally.

1. Introduction

1.1. The aim of this document is to provide a framework for NHS health bodies[3] for the development or adaptation of local policies, procedures and systems to ensure the security of prescription forms against theft and abuse in the NHS.

The problem

1.2. Prescription form theft and misuse is an area of concern for the NHS as these forms can be used to obtain drugs illegally, often controlled drugs (CDs), for misuse. Most patients legitimately obtain a signed prescription form from an authorised prescriber for a medical condition; however a small minority may attempt to obtain prescription forms non-legitimately (e.g. by theft or fraud) to acquire drugs (particularly CDs for recreational use) and/or medical items or to sell the prescription forms illegally so that others might obtain drugs. Stolen prescription stationery, forgeries and drugs that are fraudulently obtained from a forgery are likely to be sold for substantial financial gains.

1.3. Drugs obtained illegally using forged or stolen prescription forms are used for unsupervised treatment of an illness or health condition, to feed an addiction or for their performance enhancing qualities. Without medical supervision or advice on possible side-effects or contraindications to existing medical conditions, the consumers of these drugs put their health at significant risk and may even require urgent medical intervention. For example, the Pharmacy Reward Scheme (see annex E) identified that the most commonly sought/obtained items on stolen/forged prescriptions were diazepam, temazepam, nitrazepam and zopiclone – drugs that carry a risk of dependency.

1.4. Prescription form theft and misuse can also contribute to violence. For a long time, the misuse of non-prescribed and prescribed drugs on inpatient mental health units has been known to be a major contributory factor in violence and aggression. Often, drugs found on patients had been obtained using stolen and forged prescription forms. In the Healthcare Commission's *National Audit of Violence*[4], undertaken by the Royal College of Psychiatrists' research unit, substance misuse was cited as a major trigger of violent or threatening behaviour.

1.5. Because prescription form pads and single prescription forms are small items that are quite easy to move and conceal, detecting the theft of these items can be difficult. This means that these offences may be noticed long after they have occurred.

1.6. As well as the serious medical problems that can be caused as a result of stolen prescription forms being used to obtain drugs illegally, the theft of a prescription form also has a financial impact on the NHS. A prescription form is an NHS asset that has a financial cost to the NHS; however, this is

[3] The term NHS health body/ies is used throughout this document to refer to all acute, primary care, mental health and learning disability and ambulance trusts.
[4] *National audit of violence 2003–5 final report*. The Healthcare Commission, 2005.

1.7. The following case studies highlight the seriousness of these losses to the NHS.

Case Example
In 2006, from a delivery order of 20 boxes of blank FP10 forms, four boxes went missing. Each box contained 2000 loose leaf blank prescriptions, making the total missing 8000. The investigation identified poor procedures in place at the health body for the safe receipt of goods and in particular prescriptions and a delay in reporting the incident. The NHS CFSMS Pharmaceutical Fraud Team estimated this loss in financial terms to be in the region of £3.4million. This cost was calculated based on the average cost of false prescription forms dispensed applied to the number of missing prescription forms.

Case Example
In 2002, a consignment of FP10 forms was stolen in transit between a, then, Health Authority and a GP Practice. The theft involved 4,000 prescriptions and a significant number were subsequently presented at pharmacies in the south and north east of England by the thief. The prescriptions called for Sildenafil citrate, also known as *Viagra*, at a loss to the NHS of about £40 per prescription. The prescriptions were stolen while the thief was employed as a courier and the loss came to light when stolen prescriptions were presented. The thief was eventually arrested in North Yorkshire. The theft of the prescriptions may not have been totally preventable, but had better security measures been in place the loss would have come to light earlier.

1.8. There are already a number of security measures that have been built into prescription forms to prevent theft and fraudulent use. These include solvent-sensitive ink, ultraviolet markings, coloured backgrounds and serial numbers. However, these are rendered less effective if poor security measures overall allow theft of the forms in the first instance.

1.9. The effective management of prescription forms, e.g. how they are stored and accessed by authorised prescribing and non-prescribing staff, is very important and requires that appropriate security policies, procedures and systems are in place. These should also be supported by a strong pro-security culture as recommended by the *Prescription fraud efficiency scrutiny report*, which recommends creating a culture in which prescription forms are valued and their use is managed effectively.

1.10. Cases of fraud and theft involving prescription forms are not always complex or on such a large scale as the examples given above – for example, the theft of prescription forms can also occur from a prescriber's bag, car or home.

1.11. The installation of security devices in community pharmacies such as movement detection alarms has reduced the opportunity for direct theft of drugs. Crime displacement may increase the potential for GP surgeries to be targeted as an alternative source for drugs and prescription forms.

1.12. Moreover, the introduction of phase two of the electronic prescription service (EPS) introducing computer-generated tokens has the potential to make it more difficult for people to alter legitimate prescriptions. The tokens will look like current prescription forms but with bar codes on them. The use of bar codes should make data on forms harder to counterfeit, as all the drug data and prescriber information will be contained in that bar-coded message as well as written on the forms as they are now. In this scenario, it will be the electronic message that is the legal vehicle to authorise dispensing, rather than the paper form itself. However, this may also introduce new types of fraudulent activity.

1.13. To address the security of prescription forms, this guidance has been designed to be as comprehensive as possible but, inevitably, may not cater for every situation that may occur within a working environment. With this in mind, it should be used as a template from which local procedures and systems are developed, revised or enhanced to secure prescription forms and guard against new forms of fraudulent activity. These measures should reflect the local needs of staff and the environments within which they have to work. The guidance aims to improve policy, practice and education in this area.

Seven generic areas of security management

1.14. The NHS SMS has identified seven generic areas of action for both proactive and reactive initiatives in relation to security management in the NHS. These are:

- engendering a pro-security culture
- deterring security incidents and breaches
- preventing security incidents and breaches
- detecting security incidents and breaches where they have not been prevented through staff vigilance and reporting
- investigating security incidents and breaches in a professional, objective and fair manner where detected, and ensuring that lessons are learned and system weaknesses are fed into risk assessments, policy development and revision to prevent further breaches from occurring

- applying a wide range of sanctions where necessary and appropriate
- seeking redress to ensure that funds are returned to the NHS for improved clinical care.

1.15. The guidance on keeping prescription forms secure will be set out under these generic action areas.

2. Pro-security culture

2.1. The development of a pro-security culture is central to security management work in the NHS. This requires an inclusive approach that involves NHS staff, contractors, locums, managers, patients/service users and the public. It includes listening to these individuals, explaining clearly why action needs to be taken, what that action is, how it will work and how it will be implemented, to obtain widespread support for the overall objective or aim.

2.2. The LSMS has a key responsibility to ensure the creation and development of a strong pro-security culture. In particular, those LSMSs working in primary care should work with their PCTs to ensure that independent contractors and their staff are encouraged to adopt this guidance. In October 2005, the NHS SMS signed a charter with primary care NHS professional representative bodies[5] to promote the security management remit and agree a way forward to tackle security issues in primary care.

2.3. Although the LSMS should lead on work to develop a pro-security culture, it is important that this is achieved by working in partnership with senior management and professionals at a local level. This is essential for implementing robust and appropriate procedures and systems to better protect prescription forms. All staff must be made aware of the potential value of and inherent dangers in the loss of prescription forms, and LSMSs are well placed to advise their NHS health body in this area. Therefore, NHS health bodies and their nominated LSMS should ensure that:

- appropriate procedures are in place for the secure storage of prescription forms and other related stationery
- they target all authorised prescribers across all areas and at all levels in the health body and involve all non-prescribing staff to ensure the security of prescription stationery and the reporting of incidents relating to their loss using the health body's reporting procedure
- appropriate procedures are in place for the immediate reporting of any loss or theft of prescription stationery and staff are aware of what action they need to take if this occurs
- the LSMS liaises with their counter fraud colleague, the LCFS, about all reported cases of loss or theft of prescription stationery
- the LSMS is aware of who is responsible for the control of prescription forms in their health body and is known to this individual so they (the LSMS) may have oversight of the process to ensure the proper security of prescription stationery.

[5] The NHS SMS charter with the primary care NHS professional bodies 'Working Together – the Way Forward' has been signed by a number of professional bodies including the Association of Medical Secretaries, Practice Managers, Administrators and Receptionists, Royal College of Nursing and the Royal College of General Practitioners. Further details can be found at www.cfsms.nhs.uk.

Communicating with staff

2.4. NHS managers have a big part to play in communicating to staff what they can expect in terms of support and what is expected of them. It is important to ensure that all stakeholders, trade unions and professional bodies are involved in the development or review of local procedures, which should include a clear outline of responsibilities and lines of accountability, action required, compliance with monitoring and review of the procedures and systems in place. Clear links should also be made to other relevant procedures, risk assessments and health body policies.

2.5. Instructions to staff should be made clear, to ensure prescription security policy, procedures and systems are accepted and used. It is essential to communicate effectively to all relevant staff – including prescribers, dispensers and other staff working in the area – what their roles and responsibilities are, so that they are familiar and compliant with the procedures that are in place. This may be facilitated through:

- training and job shadowing
- job description
- induction training/packs
- staff handbooks
- clearly written procedures
- presentations by LSMS
- team briefing
- internet/intranet.

2.6. LSMSs and managers should consider using a combination of these options to achieve the desired outcome. If the LSMS is unable to communicate the information alone, consideration should be given to providing managers with the information so that it may be cascaded to all staff.

2.7. LSMSs should ensure that a comprehensive and robust prescription security policy and procedures are developed, implemented and reviewed at least annually and whenever situations arise that necessitate an earlier review – for example, following an incident which exposes a fundamental weakness or failure of existing procedures. This should be undertaken in consultation with the person responsible at the health body for prescription stock and control.

3. Deterrence

3.1. Using publicity and the media, both nationally and locally, is a highly effective method of promoting what the NHS is doing to reduce the theft and loss of prescription forms, including the introduction of prescription security procedures, systems and technology.

3.2. Publicity can also help promote a pro-security culture amongst the general public and gain support by raising awareness about the small minority of people who present a risk and the systems in place to secure prescription forms. It also makes clear to staff the commitment of the health body to take appropriate steps to better protect this NHS asset.

3.3. A true deterrent effect can only be achieved when:

- there is some certainty that potential offenders will be apprehended
- they understand that they will be punished for their action, and
- the sanctions that may be applied against them outweigh any perceived benefit they may derive from their actions.

3.4. NHS health bodies should encourage the reporting of all incidents. This will provide a clearer picture of the extent of the problem.

3.5. In addition, to play a key role in helping to protect this asset from theft, appropriate publicity of cases involving sanctions applied to those who have stolen prescription forms may serve to deter others who may be minded to commit such acts.

3.6. NHS health bodies can contact the media team at the NHS Counter Fraud and Security Management Service for advice and support by emailing **CAD@cfsms.nhs.uk**.

4. Prevention

4.1 Prevention is essentially about using all available information, systems and physical measures to ensure that the risk of future incidents can be minimised. This includes learning from operational experience on previous incidents and adopting an inclusive approach that involves staff and stakeholders.

4.2 In this context, prevention is action taken to prevent the theft and loss of prescription forms from occurring in the first instance by being *proactive*. Prevention is the responsibility of everyone, including the NHS health body, managers, all prescribing and dispensing staff and non-prescribing staff who manage or administer prescription forms.

4.3 As well as taking a *proactive* approach to prevent theft and loss, *reactive* action is also required immediately after an incident has occurred to minimise any resulting damage.

4.4 Finally, prevention is also concerned with what occurs after an incident of prescription form theft or loss and the action taken in the long-term to prevent or reduce the potential for further losses of prescription forms. This action informs *long-term prevention strategies*.

Proactive action

4.5 The security of prescription forms is the responsibility of both the health body and the prescriber. NHS health bodies, as employers, have a duty to implement procedures and systems to ensure, as far as practicable, that all NHS prescription stationery is properly protected and secured. Procedures should underline potential security breaches/incidents and contribute to the security of prescription forms, addressing all identified risk and providing staff with clear lines of communication where other risks are identified. Moreover, prescribers have a responsibility to adhere to their health body's policies and procedures regarding the security of prescription forms by treating prescription forms as a valuable NHS asset and securing them at all times.

4.6 All health bodies should designate a member of staff to accept overall responsibility for overseeing the whole process involved – from the ordering, receipt, storage and transfer to the access to and overall security of prescription stationery. This person needs to be of an appropriate grade/level of responsibility and should be able to ensure appropriate security measures are implemented and maintained. Arrangements should be made to have a 'deputy' or second point of contact in place who can act on behalf of the designated person in their absence.

4.7 Within acute trusts, the designated person may be the chief pharmacist and within PCTs it is likely to be the head of medicines management (or appropriate individual). If this responsibility is delegated, the designated person should work closely with the chief pharmacist or head of medicines management as appropriate to ensure the overall security of prescription forms. The general duties will remain the same for all types of health body.

However, there are some duties that will vary. For instance, within an acute trust, the designated person should keep an account of the prescriptions used by the hospital's authorised prescribers (doctors, pharmacists, midwives and nurses). Within a PCT environment, a record of all the GP surgeries and pharmacists should be kept, including information on the number of prescription forms used, names of signatories and the range of serial numbers used. All independent and supplementary prescribers (including non-medical prescribers) should be made known to the designated person.

4.8 Prevention is about using information to minimise the risk of similar incidents occurring in the future. NHS health bodies should ensure that they have adequate arrangements in place to assess the security risk to this NHS asset. Robust risk assessments should be carried out locally, taking account of contributing factors. Additionally, post-incident reviews and analysis of reports and operational information should also feed into this process. The information collected may highlight the need to introduce technology to minimise the risk of theft and loss of prescriptions. However, it is essential that appropriate back-up procedures are in place to ensure safety should technology fail.

4.9 There are a range of physical security measures that add value alongside consistent and thorough polices and procedures, such as:

- CCTV
- alarms
- panic buttons/alarms
- access control systems
- design features that adhere to Secured by Design[6].

4.10 Information on the implementation and use of these measures is available to accredited LSMSs from the *NHS Security Management Manual*.

4.11 LSMSs should oversee the implementation of best practice measures for the security of prescription forms for prescribers and dispensers in all healthcare environments, including community- and hospital-based settings. They should also oversee the raising of awareness about these measures. This should be done in conjunction with the accountable officer for CDs and those responsible for clinical advice such as the medical or pharmaceutical advisor in a PCT and the chief pharmacist in a hospital setting and the designated person responsible for overseeing the whole process involved in the ordering, receipt, storage, transfer, access to and overall security of prescriptions. Responsibility for the security of prescription pads must be equally as robust at trust satellite sites (community hospitals or clinics).

4.12 It is important for there to be clear systems in place for the dissemination and use of these procedures, which should be subjected to regular monitoring and review. In turn, the prescriber should have a good understanding of these policies and procedures. It is also important for the

[6] ACPO Secured by Design is a police initiative to encourage the adoption of crime prevention measures at the design stage. It aims to assist in reducing the opportunity for crime and the fear of crime and creating a secure environment.

health body and LSMS to develop good liaison with their local police[7] to ensure quick action if prescriptions are stolen.

Prescription stationery stock control – PCTs and hospital

4.13 PCTs and hospitals should maintain clear and unambiguous records on prescription stationery stock received and distributed. Records should be kept on:

- what has been received, along with serial numbers
- where items are being stored
- when prescription forms are issued to the authorised prescriber
- details of who issued the forms
- to whom prescription forms were issued, along with the serial numbers of these forms
- the serial numbers of any unused prescription forms that have been returned
- details of prescription forms that have been destroyed (these records should be retained for at least 18 months).

Ordering

4.14 All new prescribers need to be registered on the NHS Business Services Authority (NHSBSA) Prescription Pricing Division (PPD) database before prescription pads can be ordered. The following people can write NHS prescriptions:

- general practitioners/doctors
- hospital prescribers – can prescribe medication to be dispensed in community pharmacies but this is usually in situations where the hospital pharmacy department cannot supply the medicine. Prescribers working in hospital outpatient drug addiction clinics can also issue special instalment NHS prescriptions
- dentists – can prescribe for their NHS patients
- nurse practitioners who have qualified as independent prescribers. There are two groups of independent nurse prescribers: community practitioner nurse prescribers who qualified under the original arrangements for nurse prescribing and nurse independent prescribers (formerly known as extended formulary nurse prescribers)

[7] The NHS SMS has a memorandum of understanding (MoU) with the Association of Chief Police Officers that requires LSMSs and local police to have a protocol in place for joint working.

- pharmacist independent prescribers

- supplementary prescribers – this is a term that can be applied to a range of registered healthcare professionals including nurses, midwives, pharmacists, physiotherapists, radiographers, chiropodists/podiatrists and optometrists. Nurses can hold more than one qualification – e.g. as a nurse independent prescriber and as a supplementary prescriber. Non-nurse supplementary prescribers must be qualified to undertake supplementary prescribing in partnership with a doctor.

4.15 Initial prescription pads can only be issued to nurses after a copy of a Nursing and Midwifery Council statement of entry has been received, showing nurse prescribing as a recorded entry on the professional register. A pharmacist independent prescriber must be a registered pharmacist whose name is held on the membership register of the Royal Pharmaceutical Society of Great Britain (RPSGB) with an annotation signifying that they have successfully completed an education and training programme accredited by the RPSGB and is qualified as an independent prescriber.

4.16 Similarly, a pharmacist supplementary prescriber must be a registered pharmacist whose name is held on the membership register of the RPSGB with an annotation signifying that they have successfully completed an approved training programme for supplementary prescribing.

4.17 Physiotherapists, radiographers and chiropodists/podiatrists who are supplementary prescribers must be registered professionals with their name held on the relevant part of the Health Professions Council membership register with an annotation signifying that they have successfully completed an approved programme of training for supplementary prescribing. An optometrist supplementary prescriber must be registered with the General Optical Council with an annotation recorded in the register signifying that they have successfully completed an approved training programme for supplementary prescribing.

4.18 Orders received by PCTs from GP practices should be checked against prescribers' current details and status and verified against the order. The same should be done for orders received by the chief pharmacist in acute trusts; forms should only be issued after the receipt of a requisition form signed by an authorised signatory. All NHS health bodies should keep a full list of all of the prescribers employed by them and the items they can prescribe.

4.19 The Misuse of Drugs (Amendment No. 3) Regulations 2006 introduced the requirement for all private prescriptions containing schedule 2 and 3 controlled drugs to be issued on a standard form which includes the prescriber identification number of the person issuing it, and for all such prescriptions (or copies of them) to be submitted to the relevant NHS agency after the drug has been supplied. However, the Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007 amended these regulations to require **the original private prescriptions for**

schedule 2 and 3 controlled drugs to be submitted to the relevant NHS agency from 1 September 2007.

4.20 A new private prescription form FP10PCD in England has been introduced for schedule 2 and 3 CDs and is available to all prescribers of private CDs. The regulations came into force on 7 July 2006, and no other prescription forms are valid for a schedule 2 or 3 CD ordered privately and issued by a prescriber in England on or after this date. Private prescribers of CDs will be assigned to a designated local PCT who will be responsible for ordering the prescription pads. Therefore each private prescriber or their employing/hosting organisation will need to ensure their local PCT is aware that they issue private prescriptions for schedule 2 and 3 CDs.

4.21 On 1 April 2006, the NHSBSA introduced the allocation of a unique six-digit prescriber code to prescribers who issue private prescriptions. The code is different from their current NHS prescriber code. Therefore, prescribers who operate in the NHS and privately have at least two separate codes (one for private prescribing and one or more for NHS). There will be a slightly different requirement for dentists as they will not be issued with individual codes as other prescribers are. There will be one code for dentists within a practice/prescribing area.

4.22 All health body staff and prescribers should be made aware of these new requirements, to ensure that the relevant checks are conducted.

Delivery

4.23 The contracted secure printer for the NHSBSA who prints the prescription forms delivers the forms to the main site (as identified by the health body) of the health body. Delivery of the forms to subsequent smaller sites, health centres, GP surgeries, etc is the responsibility of the NHS health body. When arranging these deliveries, health bodies should ensure they are made to designated staff within a designated time slot, so that late deliveries can be followed up on the same day. This will allow for any discrepancies to be highlighted quickly. Deliveries should be made in the appropriate secure transport and should as far as possible ensure that there is the shortest distance possible from the delivery vehicle to the premises to minimise the risk of theft and prevent attacks or assaults on staff.

4.24 Where possible and appropriate, the delivery should be requested on a pallet[8], which reduces the risk of smaller individual items being misrouted, lost or stolen during transit. Once the goods have been put on a pallet, the PCT or hospital should sign for the number of pallets delivered.

4.25 Unless unavoidable, unloading should not be done in a public area such as a reception area or public footpath.

4.26 Before the delivery driver leaves, a full check should be made against the delivery note that the appropriate type of prescription form and the correct number of boxes or pallets have been received.

[8] A pallet is a portable platform for storing or moving goods that are stacked on it.

4.27 Any discrepancies should be noted on the driver's delivery note, queried with the supplier and documented in the health body records (see 4.30).

Receipt and storage

4.28 It is important that stock delivered and stored is recorded. Two members of staff should always be in attendance when a delivery arrives, one of whom should always remain with the delivery vehicle. The delivery should be thoroughly checked against the order and delivery note and only be signed for if the packaging is sealed and unbroken.

4.29 Once the delivery has been checked, the boxes should be examined and as soon as practical the serial numbers checked against the delivery note. Details of the delivery should be recorded electronically and/or using paper records.

4.30 If the forms do not arrive on the due date, the intended recipient should notify the suppliers of the missing prescription forms, so that enquiries can be made at an early stage.

4.31 Stocks of prescription stationery should be kept in a secure room with access limited to those who are responsible for prescription forms. Security measures should include windows barred with metal security grilles and doors equipped with appropriate security locks. Secure areas should be protected by an intruder alarm system, zoned separately, and linked to a central alarm monitoring area, such as a security control room[9].

4.32 Keys or access rights for any secure area should be strictly controlled and a record made of keys issued or an authorisation procedure implemented regarding access to a controlled area, including details of those allowed access. This should allow a full audit trail in the event of any security incident.

4.33 New prescription forms should not be issued to prescribers who have left or moved employment or who have been suspended from prescribing duties, and all unused prescription forms relating to that prescriber should be recovered and securely destroyed (see 4.35). The person responsible for the recovery and destruction of forms should be in a position of suitable seniority.

4.34 In primary care, this may require liaison within the PCT to ensure the suppliers of the forms are aware of prescriber changes. In the case of personalised forms, suppliers should reject order details that do not match the data supplied by the NHSBSA PPD – for instance, if a GP has moved to another PCT. In the case of hospitals, including community and off site-clinics, the person responsible for distributing prescription forms should regularly check the list of authorised prescribers with the chief pharmacist,

[9] Further advice about crime prevention and physical security measures such as alarms, access control and other security systems is available to accredited LSMSs from the *NHS Security Management Manual*.

pharmacy department, human resources or ward/departmental managers to ensure that records are up-to-date.

4.35 Personalised forms which are no longer in use should be securely destroyed (e.g. by shredding) before being put into confidential waste, with appropriate records kept. The person who destroys the forms should make a record of the serial number of the forms destroyed. Best practice would be to retain these prescription forms for local auditing purposes for a short period prior to destruction. The destruction of the forms should be witnessed by another member of staff. Records of forms destroyed should be kept for at least 18 months.

Distribution

4.36 The vessel in which prescription forms are transported should be sealed to prevent access to the forms whilst in transit. A secure and lockable trolley should be used to transport prescription forms from the store to the prescriber.

4.37 Items waiting to be collected should be stored securely and not left in a public place or in areas where there is unsupervised access.

4.38 When distributing prescription forms within the PCT or hospital, the driver or porter should sign for the consignment. Prescribers should sign for forms received from porters and other delivery staff which should either indicate the serial numbers or allow for these to be included by the prescriber. In the primary care setting, if the delivery has not been scheduled, consideration should be given to notifying the recipient when to expect delivery.

4.39 The distribution of prescription forms to prescribers is the responsibility of the health body. A record should be kept of the serial numbers of the prescription forms, including where, when (date/time) and to whom the prescriptions have been distributed. The serial number on the prescription forms is positioned at the bottom of the form. The first 10 numbers are the serial number (these numbers run in sequence); the last (the 11th) character is a check digit and does not run in sequence.

4.40 Stationery supplies for NHS prescribers are normally distributed in bulk. In some hospitals, prescriptions are issued to clinics in bulk rather than to the individual prescribers working there. In this scenario, the individuals responsible for prescription forms at this level should ensure that only authorised prescribers are given access to the forms. Before each distribution, a review of current prescribers should be conducted by the health body with the help of NHS boards/trusts to avoid errors and to ensure that the master list detailing the names of prescribers and the number of prescriptions required is accurate.

Reactive action

Lost or stolen prescription forms

4.41 If there are any irregularities at delivery stage, the delivery driver should be asked to remain on-site whilst the supplier is contacted to check the details of the delivery. If missing forms cannot be accounted for, the matter should be reported to the designated person with overall responsibility for prescription forms at the health body, the accountable officer for CDs and the police as required. The LSMS should also be notified using the Missing/lost/stolen NHS prescription form(s) notification form at annex B. See annex A for the Missing/lost/stolen prescription form flowchart which outlines actions to be taken by staff in the event of an incident.

4.42 The prescriber should be instructed to write and sign all prescription forms in a particular colour for a period of two months. The health body should inform all pharmacies in the area and adjacent PCTs of the name and address of the prescriber concerned, the approximate number of prescription forms missing or stolen, serial numbers (if known) and the period for which the prescriber will write in a specific colour.

4.43 It should also be noted if any of the missing prescription forms are the private CD prescription FP10PCD forms. Pharmacies should also have a strategy in place to ensure that all their pharmacists and locum staff are notified of the situation. The actions for health bodies and their staff to take in the event of lost, stolen or missing forms are discussed further in section 5 and annex C.

Long-term prevention strategy

4.44 The key to effective preventative action is an honest objective appraisal and understanding of how and why incidents occur and the ability to learn from that understanding. The LSMS, accountable officer for CDs and, depending on the circumstances, the LCFS, should be involved in this review. This in-depth review requires an analysis of the incident, and the following factors should be considered:

4.44.1 A review of the incident. This could be a theft, forgery, misuse, loss or misplacement of prescription forms. Weaknesses or failures that have allowed the incident to occur should be examined – e.g. the policy for locking the forms away securely was not adhered to by staff or the alarm was not functioning. This process should identify lessons learnt and appropriate action to be taken by the health body to avert or better manage similar situations.

4.44.2 The severity of the incident. This refers to the impact the incident has on individuals involved, the health body and the local health economy. For example, an incident involving violence may lead to physical injuries or psychological problems for staff involved. Theft of prescriptions, as well as depriving the NHS of resources that would otherwise be used for patient care, can also have an impact on the delivery of healthcare. The local health

economy may be affected if individuals who have obtained unprescribed drugs, such as CDs, using stolen prescriptions require medical attention.

4.44.3 The loss to the health body in terms of human and financial cost can vary greatly. An incident involving a burglary could have an impact on business continuity if security is compromised following a break-in. If staff are directly affected by such an incident (e.g. they were present at the time and violence was used), they may feel unable to continue to work in the short or long term, resulting in direct retention and recruitment costs to the health body.

4.44.4 The scale of the impact on the NHS. This involves assessing how far-reaching the repercussions of the incident are as well as assessing the severity of the incident. If the incident involved a large-scale theft or loss of prescriptions, this could amount to a loss of millions of pounds for the NHS and affect the timely distribution of the forms to many practices.

4.44.5 The clinical impact. There may be a clinical incident as a result of an individual taking drugs that were obtained using stolen prescriptions.

4.44.6 The actions of individuals and/or staff groups involved and how this contributed to the incident. It is important to assess whether staff were aware of procedures and systems in place to protect against the theft or loss of prescription forms, and whether they knew if these policies were adequate. A lack of knowledge may indicate training needs – for instance, all staff to be made aware of the security of prescription forms during their induction programme. Some staff may be more at risk due to the nature of their work – e.g. mobile staff working in the community. Staff involvement will also provide firsthand information about the incident, thus staff input will help develop appropriate preventative measures.

4.44.7 A review of all measures in place to secure prescription forms, including physical and procedural measures. Policies, procedures, systems and technology used for security should be reviewed for any weaknesses or failures that have allowed an incident to occur.

4.44.8 A risk measurement exercise. This should identify areas of potential risk or trends so that preventative measures can be developed and implemented in advance.

4.45 It is also important that regular inspections of prescription administration and security are undertaken. In addition, stock checks should be undertaken on a regular basis – at least quarterly but more regularly if possible. Wherever possible, there should be a separation of duties between the ordering, receipt and checking of prescription forms.

Storage of prescription form stock by prescribers

4.46 Upon delivery of prescription forms, managers should ensure a process is in place to record relevant details in a stock control system, preferably using a computer system to aid reconciliation and audit trailing. The following information should be recorded on a stock control system:

- date of delivery
- name of the person accepting delivery
- what has been received (quantity and serial numbers)
- where it is being stored
- when it was issued
- who issued the prescription forms
- to whom they were issued
- the number of prescriptions issued
- serial numbers of the prescriptions issued
- details of the prescriber.

4.47 Records of serial numbers received and issued should be retained for at least three years.

4.48 It is advisable to hold minimal stocks of prescription stationery. This reduces the number of forms vulnerable to theft, and helps to keep stocks up-to-date.

4.49 Prescribers are responsible for the security of these forms once issued to them, and should ensure they are securely locked away when not in use.

4.50 Patients, temporary staff and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored.

4.51 When making home visits, prescribers working in the community should take suitable precautions to prevent the loss or theft of forms, such as ensuring prescription pads are carried in an unidentifiable lockable carrying case or are not left on view in a vehicle. If they have to be left in a vehicle, they should be stored in a locked compartment such as a car boot and the vehicle should be fitted with an alarm. Prescribers on home visits should also, before leaving the practice premises, record the serial numbers of any prescription forms/pads they are carrying. Only a small number of prescription forms should be taken on home visits – ideally between 6 and10 – to minimise the potential loss.

4.52 The same precautions should be taken by prescribers visiting care homes. Supplies of blank or signed prescription forms should not be left in care homes for GP or locum visits as this provides opportunity for theft and means that the NHS has failed in the role of protecting this asset.

4.53 Prescribers of private CDs using the FP10PCD forms should exercise extra caution as there is greater potential for misuse of these forms.

4.54 All LSMSs can give NHS staff advice about the crime prevention, personal safety and physical security measures that lone workers[10] can adopt to help better protect themselves and NHS equipment.

Using prescription forms

4.55 As a matter of best practice, prescribers should keep a record of the serial numbers of prescription forms issued to them. The first and last serial numbers of pads should be recorded. It is also good practice to record the number of the first remaining prescription form in an in-use pad at the end of the working day. This will help to identify any prescriptions lost or stolen overnight. (See paragraph 4.39 for information on serial numbers.)

4.56 To reduce the risk of misuse, blank prescriptions should never be pre-signed. Where possible, all unused forms should be returned to stock at the end of the session or day; they should not, for example, be left in patients' notes. Prescription forms are less likely to be stolen from (locked) secure stationery cupboards.

4.57 Prescribers should also ensure compliance with all the relevant legal requirements when writing prescriptions for CDs.

4.58 This also applies to FP10MDA prescription forms, which are used to order schedule 2 CDs and buprenorphine and diazepam for supply by instalments for treatment of addiction. When the prescriber writes an FP10MDA, the amount of the instalment to be dispensed and the interval between each instalment must be specified.

4.59 Pharmacists should be reminded that prescriptions requesting CDs must fully comply with the legal requirements before any item is dispensed. Pharmacists can amend a CD prescription (for schedule 2 or 3) where there are minor typographical errors, spelling mistakes or where the total quantity of the CD or the number of dosage units is specified in either words or figures but not both. Pharmacists will have to exercise all due diligence and be satisfied on reasonable grounds that the prescription is genuine and that they are supplying in accordance with the instructions of the prescriber. The pharmacist will need to amend the prescription in ink or otherwise indelibly and mark the prescription so that the amendment is attributable to them. In all other cases where a CD prescription does not fully comply with the legal requirements, it should be returned to the prescriber for amendment as appropriate. Pharmacists and dispensing staff should be encouraged to question any discrepancies identified in the forms if they feel it is safe and appropriate to challenge the presenting individuals.

4.60 A new private prescription form FP10PCD in England has been introduced for schedule 2 and 3 CDs (see paragraphs 4.19–4.20). The private CD prescription form can be dispensed by a registered community pharmacy and must contain the prescriber's identification number. Pharmacists are required to submit their private prescriptions (or copies of them) which order schedule 2 and 3 CDs to the NHSBSA each month. This is so that the NHS

[10] Further advice for lone workers can be found in *Not Alone – A guide for the better protection of Lone Workers in the NHS* on the NHS SMS website, www.cfsms.nhs.uk.

can monitor the prescribing and supply of CDs, whether within the NHS or privately. PCTs will also be responsible for monitoring private prescribers' use of schedule 2 and 3 CDs using the information from the NHSBSA and other information as appropriate.

4.61 While an NHS prescription must be written or printed on an FP10 form, there is no mandatory form for a private prescription, except in the case of CDs (FP10PCD), and private prescriptions should be written on a sheet of the doctor's headed notepaper. However, a pharmacist can dispense drugs (not including schedule 2 or 3 CDs) on a private prescription written on any paper, provided that s/he is satisfied that the document is genuine, the signatory is entitled to prescribe and the technical requirements are satisfied. These written prescriptions should be treated with the same security measures as NHS forms, as the same risks apply.

4.62 Changes have been made to the dispensing of NHS and private prescriptions for CDs. The NHS prescription form (FP10) now includes an additional declaration for use when the patient or a person other than the patient collects a schedule 2 or 3 CD from the community pharmacy. Any person collecting CDs against a schedule 2 prescription (both NHS and private) should be asked to provide evidence of their identity and to sign the back of the prescription form. Any person collecting CDs against a schedule 3 prescription (both NHS and private) should be asked to sign the back of the prescription form. Acceptable forms of identity are any photographic ID (e.g. passport, photographic driver's licence, national ID card) or, in the absence of this, a debit/credit card and a utility bill or bank statement.

4.63 All health body staff and prescribers should be made aware of these new requirements, to ensure the relevant checks are conducted.

4.64 Any completed prescriptions should be stored in a locked drawer/cupboard. Completed prescription forms may be left at the GP practice if a repeat prescription is requested by the patient and should not be accessible to anyone other than authorised members of staff.

4.65 Doctors' and surgery stamps should be kept in a secure location separate from prescription forms as it is more difficult to detect a stolen or fraudulent prescription form that has been stamped with a genuine stamp. The stamp pads should be secured to the same standard as prescription forms.

4.66 Prescriptions should be **stamped** at the time of dispensing with the pharmacy stamp to reduce the risk of the prescription being presented at and re-dispensed by a second pharmacy. A pharmacy stamp normally indicates the date the prescription was dispensed and the name of the pharmacy. This helps to identify by whom (i.e. by which pharmacy) and when (i.e. the date) a prescription was dispensed.

4.67 Prescriptions also need to be **endorsed** by the pharmacist/technician at the time of dispensing with what has been supplied – endorsing a prescription states what was supplied – e.g. 100ml of liquid paracetamol. A stamped and endorsed prescription is likely to raise more concerns at another pharmacy if presented there.

Out-of-hours service provision

4.68 Out-of-hours (OOH) centres follow a similar model to hospitals in as much as the code that appears on the prescription isn't specific to an individual, but rather to a 'site' where several prescribers will be working.

4.69 There is also the added potential for difficulty in tracing the prescriber if the doctor comes from elsewhere in Europe and/or only works intermittently – for example, at weekends. Therefore, OOH centres should keep a record of permitted prescribers which holds their contact information and details of where and when they work.

GP visits to care homes

4.70 Blank prescription forms should never be left at care homes for GP visits. Neither can the care home's controlled drug (CD) cupboard be used for storing prescription pads. Only the appropriate care home staff should have access to the CD cupboard as part of their duties; GPs have no automatic right of access to the CD cupboard and non-CD items should not be stored in the CD cupboard. Each GP should carry his/her own supply of prescription forms as a matter of course when making care home visits. This also applies to locum GP visits to care homes.

Locums

4.71 It is the locum GP's responsibility to have prescriptions on behalf of the senior partner of each surgery that they work for. Alternatively, they can take blank FP10ss forms with them to write the drug data and the relevant senior partner's code on the form. However, the locum GP's details (at least name) should be listed on the prescription, so that the name of the doctor matches the signature.

4.72 Surgeries should keep a record of prescription forms/pads issued to locums and a record of the care homes where they will issue prescriptions.

4.73 Locum GPs should also keep a record of the prescription pads used and separate records should be kept for each surgery using the format of the prescription log sheet for handwritten prescriptions completed by locums.

Security of computer systems

4.74 Adequate storage and filing methods for prescription forms should be in place. It is not advisable for prescription forms to be handled by a manual system. Security should be an integrated part of storage, and electronic alternatives have the potential to reduce the number of lost or stolen forms. Health bodies should make adequate and auditable arrangements for secure storage and controlled ordering and issue of FP10 pads for handwritten prescriptions.

4.75 Single sheet prescription forms should be afforded the same security controls as prescription pads. It must be recognised that these forms are

acceptable in handwritten form, so it is not advisable to leave the forms in printer trays when not in use or overnight.

4.76 If new printers are being installed for computerised prescribing, or there is concern over existing printer security, consideration should be given to fitting a security device to the printer to prevent theft of forms from the printer tray, or siting the printer in a secure part of the building, away from areas to which patients have access.

4.77 Practices or prescribing clinics should clearly define which staff have access to the system. Protocols should also define which individuals have access to the functions that generate prescriptions.

4.78 All staff who have access to the computer system should have an individual password. Passwords should only be known to the individuals concerned and systems should prompt users to change them on a regular basis. Staff should not share their passwords with their colleagues as prescribing information will be attributed to the individual whose details are printed at the bottom of the FP10 form. Each member of staff is liable for all drugs ordered in their name.

4.79 Computer systems should have a screensaver facility so that access can be denied or details prevented from being read from the screen when the user is going to be away from the desk or workstation for a specified period. The screensaver should be controlled by a password that is known only to the user and the computer only be able to be unlocked when the password is re-entered. This can be the same as the user's 'log on' password.

Audit trails

4.80 There should be an audit trail for prescription forms so that surgeries, hospitals and clinics know which serial-numbered forms they have received and which have been issued to each prescriber. If a prescriber leaves the health body (e.g. resigns, retires or dies), systems should be in place to recover all unused prescription forms on the last day of their employment or on the notification of their death. All unused or obsolete prescription forms should be returned to the responsible health body to be destroyed in a secure manner and the health body's computer software amended so that no further prescriptions can be issued bearing the details of the prescriber in question. Health bodies must also advise the NHSBSA PPD using the appropriate forms.

4.81 All systems should be auditable and allow the 'history' of the generation of a prescription to be traced from receipt of the blank form to when it is prescribed. All NHS health bodies should establish procedures for those who may view the audit trail on behalf of prescribers.

Duplicate and spoiled prescriptions

4.82 If a duplicate prescription is accidentally sent to or collected by the pharmacy, practice, or hospital, it should be securely destroyed or returned

to the prescriber as soon as possible. If an error is made in a prescription, best practice is for the prescriber to do one of the following:

- put a line through the script and write ‘spoiled’ on the form
- cross out the error, initial and date the error, then write the correct information
- destroy the form and start writing a new prescription.

4.83 There may be reasons for a prescription to be deemed spoilt other than error (see 4.33–4.35). Rather than just destroying or returning these forms, best practice is to retain them for local auditing purposes for a short period before destruction.

4.84 Annex F provides a best practice list summarising the key points for managers and staff on prescription form security. This can be used as a handout for staff.

4.85 Annexes G and H include suggested instructions for completing prescription form registers based on best practice.

5. Detection

5.1. It is important that there are good processes in place for staff to report incidents. Staff should be supported and encouraged to report and be assured that the incident will be investigated and appropriate action taken.

Reporting missing/lost/stolen NHS prescription forms

5.2. In the event of a loss or suspected theft of a prescription form, the prescriber or staff member should notify the designated person with overall responsibility for prescription forms at the health body, the accountable officer for CDs and the police as required. The LSMS should also be notified using the Missing/lost/stolen NHS prescription form(s) notification form at annex B. See annex A for the Missing/lost/stolen prescription form flowchart, which outlines actions to be taken by staff in the event of an incident.

5.3. The matter should also be recorded as a security incident on the health body's incident reporting system and the local notification/alert process initiated. The Missing/lost/stolen prescription notification form attached at annex B should be completed and sent to the NHS CFSMS to notify them of the incident. The form may be completed by either health body staff or the LSMS. If completed by health body staff, it should be forwarded to the LSMS to be submitted to the NHS CFSMS. This is to ensure that they are aware of the incident and can initiate an investigation if required.

5.4. Any theft or loss report must include the following details:

- date and time of loss/theft
- date and time of reporting loss/theft
- place where loss/theft occurred
- type of prescription stationery
- serial numbers
- quantity
- details of the LSMS to whom the incident has been reported.

5.5. The LSMS will submit the completed notification form to the NHS CFSMS's Pharmaceutical Fraud Team (PFT) for the information to be added to the national database by emailing **prescription@cfsms.nhs.uk**. Depending on the circumstances, the LSMS may circulate a national or regional alert about the incident involving the security of prescription forms. If an alert is sent out, the health body's LCFS must be included on the distribution list. The LCFS should be notified to ensure that necessary information is shared within the health body and neighbouring ones to help detect the use of missing or stolen forms.

5.6. The Controlled Drugs (Supervision of Management and Use) Regulations 2006 set out the requirements for health bodies to appoint an accountable officer, who is responsible for all aspects of the safe and secure management of CDs in his or her organisation. The PCT accountable officer is also responsible for setting up a local intelligence network for information sharing with NHS and other agencies. Prescription losses should be shared

with the local intelligence network. Therefore it is important for the LSMS to establish a good working relationship with the accountable officer and participate in the local intelligence network meetings.

5.7. Staff may also report any concerns about fraud to the confidential NHS Fraud and Corruption Reporting Line on **0800 028 4060**. Pharmacists should make use of the Pharmacy Reward Scheme, which is explained further in annex E of this document.

Alerts

5.8. The NHS CFSMS operates a national alert system which is used to notify the LSMS and LCFS networks of potential threats, individuals, organisations, requests for information from the police, security breaches and risks of fraud and corruption. Information on issuing a security management alert is available to LSMSs in the *NHS Security Management Manual*. Information on issuing a fraud alert is available to LCFSs from regional operational fraud teams.

5.9. NHS health bodies have a responsibility to inform their staff of any local or national alerts or warnings about an incident involving the theft or loss of prescription pads. Health bodies should nominate one individual whose responsibility it is to receive and cascade such alerts to all staff. Consideration should be given to how information will be shared between health bodies and local pharmacies.

5.10. It is also important that health bodies inform all pharmacies in their area and adjacent PCTs of the name and address of the prescriber concerned, the approximate number of prescription forms stolen and the period within which the prescriber will write in a specific colour. This will normally be put in writing within 24 hours with the exception of weekends.

5.11. In the hospital setting, the entire staff of the pharmacy department should be made aware of the alert. The LCFS/LSMS should consider sharing with relevant parties in their locality.

Verifying prescriptions

5.12. The theft of prescription forms and the unlawful obtaining and misuse of prescription drugs is of concern to all practitioners and staff who handle prescription forms. It is therefore important that all staff remain vigilant and adhere to procedures intended to reduce the risk of prescription form theft and fraud.

5.13. Pharmacists in particular should be alert to the possibility of forged and stolen prescriptions being presented in order to obtain drugs (see also 4.66 and 4.67). The most commonly sought/obtained items on stolen/forged prescriptions, as identified from the Pharmacy Reward Scheme, are diazepam, temazepam, nitrazepam and zopiclone (see annex E for information on the scheme). Pharmacists should try to verify all prescriptions for drugs liable to misuse, not only for CDs. Unusual or expensive items and large doses or quantities should always be checked with the prescriber to

5.14. All NHS health bodies should keep a list of all of the authorised prescribers employed by them and the items they can prescribe. It is good practice for the employing or contracting authority to keep a copy of the prescriber's signature and for independent GPs to be prepared to provide specimen signatures to pharmacists, so that if there is any doubt about the authenticity of a prescription which cannot be checked at the time with the prescriber, then at least the signature can be checked. Community pharmacies should also have a file of non-medical prescribers working in the community.

Forged prescriptions

5.15. Pharmacists or dispensing doctors should be vigilant in scrutinising prescriptions for any signs of alteration not authorised (i.e. initialled and dated) by the prescriber.

5.16. If corrections on a prescription form have not been initialled and dated, pharmacists should try to contact the doctor to verify the changes. If they are unable to do this, the concern should be reported to the LCFS and/or NHS Fraud and Corruption Reporting Line.

5.17. Further guidance on forged prescriptions is available from the RPSGB at **www.rpsgb.org**.

6. Incident investigation

6.1. The level of investigation of missing/lost/stolen prescription forms will depend on the nature of the incident. Under the Controlled Drugs (Supervision of Management and Use) Regulations 2006, the accountable officer has responsibility for investigating concerns and incidents related to CDs. Additionally, in PCTs, accountable officers must ensure that their contractors, such as GP practices and pharmacies, have appropriate arrangements in place.

6.2. Under the regulations, the accountable officer can conduct an investigation into an incident themselves or submit a request for another officer, team or responsible body to undertake the investigation. If it is determined that the LSMS should take forward the investigation, they should take charge of the investigation, seeking advice from the accountable officer, chief pharmacist/head of medicines management and LCFS as appropriate.

6.3. The LSMS and LCFS are trained and accredited to undertake investigations involving theft and fraud respectively, to a level whereby they can prepare statements and present evidence in court. The police are primarily responsible for investigating the criminal aspects of theft and fraud. However, LSMSs and LCFSs must carry out investigations according to guidance given in the relevant manual[11].

6.4. If there is a **discrepancy in the prescription forms ordered and received**, the supplier should be contacted in order to establish whether this is due to an error in the supply chain.

6.5. If the discrepancy is not due to a supply chain error and it is established that forms are missing/lost and/or there is suspected or actual theft, immediate contact should be made with the police, LSMS and accountable officer. Annex C gives a more detailed breakdown of the types of incident involving prescription forms and the actions staff should take in response.

6.6. If there is no appointed LSMS, the security management director should be informed and must ensure that effective arrangements have been put in place to ensure that incidents and risks are reported and dealt with in accordance with the national framework of security management.

6.7. In the event of **misuse, or suspected misuse**, immediate contact should be made with the police, LCFS and accountable officer. If there is no appointed LCFS, the director of finance and the relevant regional NHS Counter Fraud Service operational team should be informed. See annex I for the contact information of all counter fraud operational teams and the NHS SMS.

6.8. All incidents involving lost/missing/stolen prescription forms, irrespective of whether the police are pursing sanctions against the offender, should be reported to the LSMS/LCFS as appropriate, who should conduct an

[11] The *NHS Counter Fraud and Corruption Manual* provides guidance to LCFSs on conducting investigations into fraud. The *NHS Security Management Manual* provides guidance to LSMSs on security management including conducting investigations into theft and security incidents.

investigation to establish the cause of the incident and whether any further actions need to be taken in the areas of pro-security culture, deterrence, prevention or detection. Investigations conducted by the LSMS/LCFS are undertaken in accordance with the relevant legislation and will not hinder or affect any subsequent police investigation. The LSMS/LCFS should also maintain contact with the police on the progress of their investigation. Annex D provides further information on the key responsibilities of staff, health body management, LSMS and LCFS in an investigation.

6.9. It is important that where lessons can be learned, there is feedback into revision of procedures and systems locally, as well as national guidance to ensure the best possible measures can be put in place to hinder the theft or misuse of prescription forms.

6.10. Staff should be encouraged to report all incidents (see section 5), as this allows for proper investigation by the LSMS/LCFS to identify, if possible, the offenders and any trends or patterns that can help reduce the risks. Furthermore, such information from investigations can be used to inform action that needs be taken in the areas of pro-security culture, deterrence and prevention, to allow solutions to be developed.

7. Sanctions and redress

7.1 There is a range of sanctions which can be taken against individuals (or groups) who steal NHS property such as prescription forms. These range from disciplinary action and criminal prosecutions to civil injunctions.

7.2 Advice, guidance and support on the range of sanctions that are available to deal with offenders can be obtained from staff at the NHS SMS Legal Protection Unit (LPU). Details of how to contact them are available from the NHS CFSMS website at **www.cfsms.nhs.uk**.

7.3 Theft of prescription forms should always be investigated by the LSMS, and misuse by the LCFS, so that necessary information and evidence can be identified and provided to police where appropriate in an attempt to recover that loss, whether through criminal courts, by way of compensation, or by seeking redress through the civil courts.

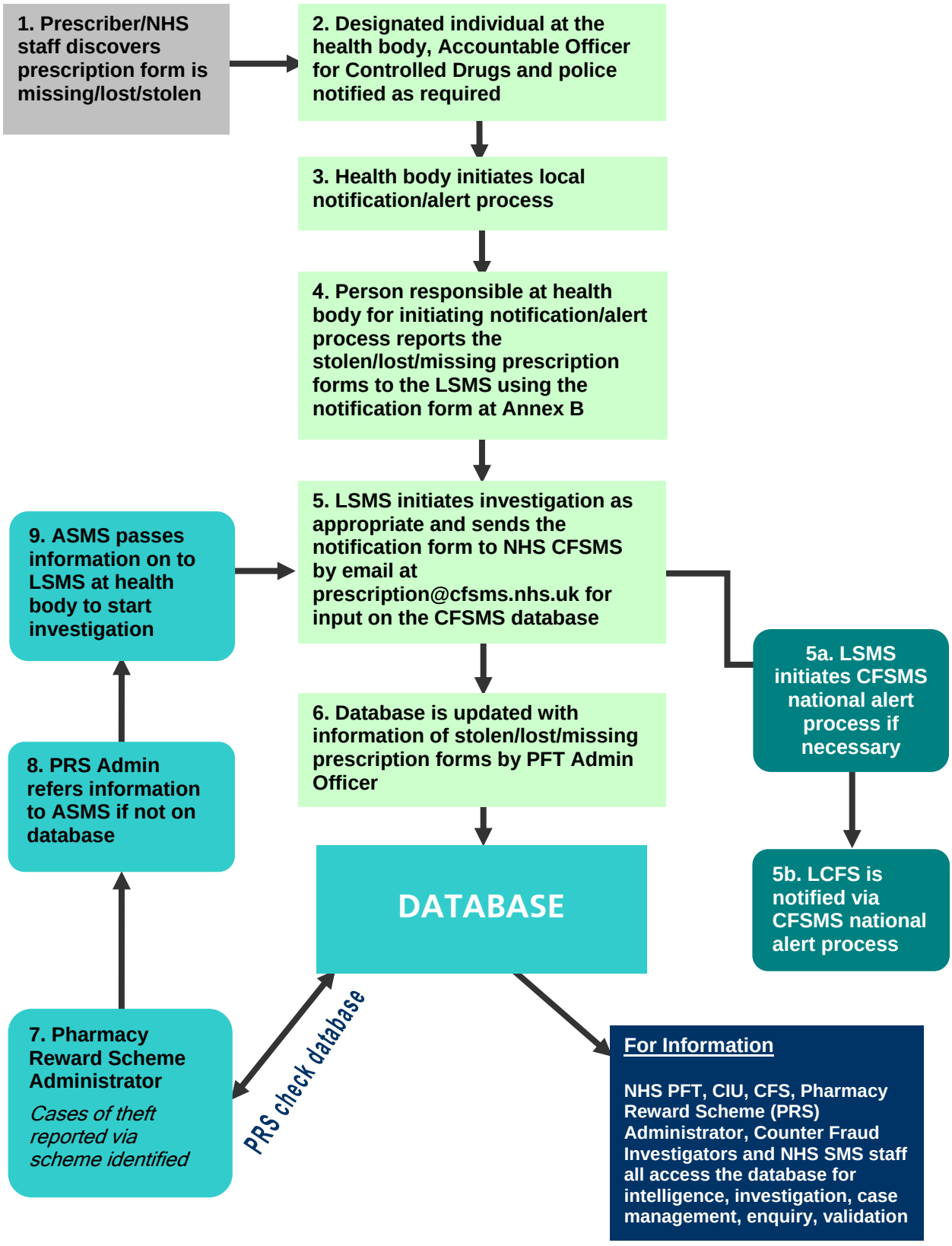
7.4 There are two key advantages of ensuring redress in the event of theft and misuse of prescription forms:

- monies lost through the theft of prescription forms are returned to patient care
- recovery of losses delivers an important deterrent message to staff, patients/service users and the public: that crime does not pay and that the NHS will always pursue redress from those who deprive it of valuable resources.

7.5 Further information can be obtained from the NHS SMS LPU.

Annex A

Missing/lost/stolen prescription form flowchart



Annex B

Missing/lost/stolen NHS prescription form(s) notification form

Health body:	Date reported:
Contact name:	Contact telephone number:
Contact address:	
The following numbered NHS prescriptions forms have been identified to us as lost or stolen:	
Date of theft/loss	
Name of person reporting (GP, practice manager, nurse, trust pharmacist)	
Telephone number	
Full details of theft/loss (please fill in details below)	
Include the following information: • date and time of loss/theft • date and time of reporting loss/theft • place where loss/theft occurred • type of prescription stationery • serial numbers • quantity • details of the LSMS to whom the incident has been reported.	
Details of doctor/department/dentist/nurse etc from whom prescription form(s) have been stolen or lost	
Name	
Personal dispensing or identification code/number	
Address	
Serial number(s) lost or stolen **From** **To**	
Details of NHS prescription form type lost or stolen (tick appropriate box)	

Issue	Colour	Please indicate type lost/stolen
FP10NC	Green	
FP10HNC	Green	
FP10SS	Green	
FP10MDAS	Blue	
FP10HMDAS	Blue	
FP10MDASP	Blue	
FP10MDASS	Blue	
FP10PN	Lilac	

FP10CN	Lilac	
FP10SP	Lilac	
FP10P	Lilac	
FP10D	Yellow	
FP10PCDSS	Pink	
FP10PCDNC	Pink	

* updated current forms in use October 2006

	Yes	No
Has this incident been reported to the police?		

Name and police station of investigating police officer
(please fill in details below)

	Yes	No
Has an alert and warning been issued to all local pharmacies and GP surgeries within the area? (please tick box)		

Please give details of any ink change or security measures and the effective dates of these measures (please fill in details below)

Name:	
Position:	
Signed:	
Dated:	

Return this completed form by email to prescription@cfsms.nhs.uk

Annex C

Incident response

NATURE OF INCIDENT	WHO SHOULD BE CONTACTED?
• Discrepancy in prescription forms ordered and received.	**Contact supplier** Ask the driver to remain on-site while the supplier is contacted.
• Following enquiries with the supplier, if discrepancy in prescription forms ordered and received cannot be accounted for, and forms are still missing.	**Notify the designated person with overall responsibility for prescription forms at the health body, the accountable officer, LSMS and police as required. Report the matter using the health body's incident reporting system.** The matter must be reported as a security incident and an alert/warning circulated locally and/or nationally. Serial numbers of the missing forms must be submitted to the NHS CFSMS database using the appropriate notification form.
• If prescription forms are lost through negligence or by accident.	**Notify the designated person with overall responsibility for prescription forms at the health body, the accountable officer, LSMS and police as required. Report the matter using the health body's incident reporting system** The matter must be reported as a security incident and an alert/warning circulated locally and/or nationally. Serial numbers of the missing forms must be submitted to the NHS CFSMS database using the appropriate notification form.
• If prescription forms are stolen.	**Contact the police and report the matter using the health body's incident reporting system. Notify the accountable officer and LSMS.** The matter must be reported as a security incident and an alert/warning circulated locally and/or nationally. Serial numbers of the missing forms must be submitted to the NHS CFSMS database using the appropriate notification form.
• If it is suspected that a presented prescription form is forged.	**Notify the accountable officer, police, LCFS and contact the NHS Counter Fraud Service on 0800 068 6161.**
• If it is suspected that prescription forms are being misused.	**Contact the police, LCFS and accountable officer** LCFS submits report to NHS CFS Pharmaceutical Fraud Team.

Annex D

Key responsibilities in incident investigation

Prescriber responsibilities	• Follow local procedures and guidance for the immediate reporting of incident (see annex A and C). • Provide details of the number of prescription forms stolen, their serial numbers, and where and when they were stolen. Prescribers should follow local instructions following the loss or theft of prescription forms – this may include writing and signing prescription forms in a particular colour for a period of two months.
Health body responsibilities	• Ensure matter is reported immediately to the supplier/police/accountable officer/LSMS/LCFS/PCT as appropriate. • Ensure a Missing/lost/stolen NHS prescription form(s) notification form is completed and submitted to the LSMS (see annex B). • Ensure incident form has been completed. • Following the reported loss of a prescription form, the PCT will normally inform a prescriber to write and sign all prescriptions in a particular colour (normally red) for a period of two months. • The PCT will inform all pharmacies in their area and adjacent PCTs of the name and address of the prescriber concerned, the approximate number of prescription forms stolen and the period within which the prescriber will write in a specific colour. This will normally be put in writing within 24 hours with the exception of weekends. • In consultation with the LSMS/LCFS, the PCT should take necessary action to minimise the abuse of the forms taken.
The **Local Security Management Specialist**'s responsibilities include:	**THEFT OF PRESCRIPTION FORMS (or lost or missing)** • Ensure matter has been reported to the police and accountable officer and determine action taken/required. Ensure incident form has been completed on health body's incident reporting system. • Liaise with and inform relevant staff such as the chief pharmacist, medicines management team, director of clinical services and the nurse prescribing lead. This list is not exhaustive and the LSMS should inform all the appropriate staff. • Investigate cases of **THEFT** by: • **taking a report of what has been stolen and where from, undertaking an audit trail, determining the value of the item, impact on healthcare, whether the incident was witnessed and, if so, taking witness statements where appropriate, co-ordinating the facts and concluding as applicable.**

	• Report investigations to the security management director. • Ensure a completed Missing/lost/stolen NHS prescription form(s) notification form is submitted to the NHS CFSMS national database. • Liaise with/notify the LCFS as required. • If legal advice is required, contact the NHS CFSMS Legal Protection Unit. • The relevant NHS SMS Area Security Management Specialist can also provide support and advice.
The **Local Counter Fraud Specialist**'s responsibilities include:	**FRAUD/CORRUPTION** **FORGERY OR MISUSE OF PRESCRIPTION FORMS** • Ensure matter has been reported to the police and determine action taken/required. Ensure incident form has been completed on health body's incident reporting system. • Liaise with and inform relevant staff such as the chief pharmacist, medicines management team, director of clinical services and the nurse prescribing lead. This list is not exhaustive and the LCFS should inform all the appropriate staff. • Investigate cases of specific **FRAUD/CORRUPTION**. • Report investigations to the director of finance. • Refer to NHS CFSMS all cases of **FRAUD/CORRUPTION** appropriate to them. • Inform NHS CFSMS of all cases of suspected **FRAUD /CORRUPTION** being investigated. • Send full reports of all cases where the director of finance believes **FRAUD/CORRUPTION** to be present to the NHS CFSMS, audit committee, internal and external audit. • Liaise/notify the LSMS as required.

Annex E

Pharmacy Reward Scheme

1. The Pharmacy Reward Scheme was introduced in June 1999 and allows pharmacists to claim a reward of £70 if they identify a fraudulent prescription (i.e. a form which is not a genuine order for the person named on it, e.g. stolen, counterfeited or illegitimately altered) and thereby either prevent fraud or contribute with valuable information to the investigation of fraud. A reward is payable if fraudulent activity can be proven and conditions for the scheme are met.

2. The reward is intended to compensate pharmacists adequately for their efforts in reporting incidents where fraud has taken place and contributing valuably to the work of countering fraud and corruption within the NHS. Pharmacists will have to notify their PCT and the police immediately. A claim can then be made by contacting the NHS CFSMS, normally within seven days of the incident.

3. If the pharmacist has dispensed, but believes or comes to believe that the order is not genuine, they can still claim for the reporting element of the reward if they later report the incident and provide valuable information to an investigation. The PCT and the police should be notified as soon as practicable, and in any case within 14 days of the incident. A claim form should be completed and returned normally within 28 days. The pharmacists must declare the reason they felt it necessary to dispense on the form.

4. Any pharmacist (in England) who believes that he or she is eligible for this reward should contact the NHS Counter Fraud Service on **0800 068 6161**.

5. In the event of a lost, forged or counterfeited prescription being identified at the point of dispensing, the dispenser should immediately inform the police and local PCT without putting themselves or other staff in danger.

Annex F

Best practice guidance for prescription form security

1. **Develop a prescription security awareness culture.** Many staff in the NHS, including doctors, nurses and other health professionals, are not aware of the potential dangers, cost implications and significant losses to the NHS that can arise from poor prescription form administration and security. Prescription forms in the wrong hands are blank cheques with an extremely high street value. A dedicated programme of education and awareness should be prepared and made available to all concerned, including prescribers of private prescriptions.

2. **All health bodies should ensure that robust policies and procedures are in place to manage the effective security of prescription forms at a local level.** The security of prescription forms extends from the printing stage to the point of being handed to a legitimate patient. However, responsibility and ownership of the security function transfers with the forms. National standards should be followed and procedures and processes developed and introduced locally.

3. **All health bodies should designate a member of staff to accept overall responsibility for overseeing the whole process involved – from the ordering, receipt, storage and transfer to the access to and overall security of prescriptions.** This person should be able to ensure appropriate security measures are implemented and maintained and they should undertake regular inspections of prescription administration and security. They should also complete regular stock checks.

4. **Orders received at PCTs from GP practices should be checked against doctors'/nurses'/pharmacists' current details and status and verified against the order.** All NHS health bodies should keep a full list of all of the prescribers employed by them and the items they can prescribe. Copies of prescribers' signatures should be held by the employing or contracting authority and individual prescribers should be willing to provide specimen signatures to pharmacists.

5. **Deliveries of prescription forms from prescription form suppliers to PCTs must be thoroughly checked against delivery notes.** Two members of staff should always be in attendance when a delivery arrives, one of whom should always remain with the delivery vehicle. The delivery should be checked against the order and delivery note and only be signed for if the packaging is sealed and unbroken.

6. **Prescriptions must be transferred to a secure store immediately.** Best practice is for batches never to be left unattended and appropriate paperwork always to be checked.

7. **Irregularities at delivery stage must be reported immediately.** Any irregularities at delivery stage must be reported to the designated person through the local incident reporting system. The accountable officer and LSMS and/or LCFS should be notified. In such circumstances, the delivery driver

should be asked to remain on-site while the prescription form supplier is contacted to check the details of the delivery.

8. **Where loss or theft is suspected, the police should be informed immediately.** It may be necessary to circulate details via a fraud notice/security alert and for arrangements to be made for the prescriber in question to take agreed action in the way subsequent forms are completed for the near future.

9. **Two PCT staff should be in attendance when batches are being prepared for transfer to GP practices.** It is important that the established security measures are consistently adhered to.

10. **Delivery within PCTs (i.e. to GP practices, nurse/pharmacist prescribers) should be by internal courier and only handed over against signature.**

11. **GP practices and hospital trusts should adopt and implement similar security policies and procedures to those used by PCTs.** This is especially important in relation to the receipt and storage of prescription forms which should, as far as possible, always be done away from public/patient view.

12. **Prescribers who work in teams, e.g. nurses and health visitors, should restrict access to spare prescription pads to prescribing clinicians only.**

13. **Personalised prescription forms which are no longer in use should be securely destroyed, e.g. by shredding before putting into confidential waste.** The person who destroys the forms should make a record of the serial number of the forms destroyed. Ideally, the destruction of the forms should be witnessed by another member of staff.

14. **Patients, temporary staff and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored.**

15. **Frontline mobile NHS staff should be warned of the potential dangers associated with carrying/leaving prescription forms in vehicles.** Mobile staff who carry prescription forms in the course of their duties should keep the forms secure. They should ideally keep forms on their person at all times or, if they must leave items in their vehicle, they should ensure that they are out of sight. Prescription pads should not be left in vehicles overnight.

16. **Professional advice on general security management matters may be sought from the LSMS**. The LSMS is trained and accredited in the management of security within the NHS. Further information can be found at **www.cfsms.nhs.uk**.

Annex G

Instructions for completion of a suggested prescription form register

1. Computer/handwritten prescriptions

1.1. A separate page should be used for each prescriber whose name appears on the prescription and prescriber details should be recorded at the top of the page. Sample sheets for computer/handwritten prescriptions available at annex H.

1.2. **Date ordered** – Date the new prescriptions were ordered by the nominated person with this responsibility.

1.3. **Ordered by (initials)** – Initials of the person who placed the order.

1.4. **Method of order** – Indicate if the order was placed by fax, phonecall or through an electronic spreadsheet.

1.5. **Amount ordered (including order no.)** – Number of prescriptions ordered including the order number of this particular order.

1.6. **Date received** – Date the delivery arrived at the health body/premises and was placed in the lockable prescription store.

1.7. **Amount received** – Total number of prescriptions received.

1.8. **Received by (initials)** – Initials of the person who received the delivery of the prescription forms.

1.9. **Serial numbers** – The first and last serial number of each pad should be recorded.

1.10. **Stored by (initials)** – Initials of the person who placed the prescriptions in the store and who completed the register.

1.11. **Date taken for use** – Date the pad was removed from the store for use by the prescriber, the GP's computer terminal, the repeat prescription terminal or, in the case of a handwritten pad, locums.

1.12. **Taken by (initials)** – Initials of the person removing the prescription pad from the store.

1.13. **Given to: (prescriber/location/locum)** – The location where the pad will be used or the name of the prescriber, e.g. clinic, repeat prescription terminal or prescriber name. If the pad is for use by locums, record 'locum' and transfer the details of the serial numbers to the locum sheet.

2. Locum sheet

2.1. Only one working pad should be kept for use by locums. Complete the details of the GP whose pad is being used and the serial numbers of that pad at the top of the sheet. See annex H for sample sheets for use by locums.

2.2. **Date of use** – Date the locum is in the practice.

2.3. **Taken by (initials)** – Initials of the person removing the prescription pad from the store.

2.4. **Given to: (GP locum name)** – Record the name of the locum GP.

2.5. **Session** – The session for which the locum is in the practice, e.g. morning or afternoon.

2.6. **Name of practitioner on form** – Record the name of the GP whose details appear on the prescription form, i.e. the GP whom the locum is filling in for.

2.7. **Number of prescriptions** – Number of prescriptions given to the locum for use during that session.

2.8. **Serial numbers** – List the serial numbers of the prescriptions given to the locum (first and last numbers in sequence).

2.9. **Serial numbers returned** – Record the serial number of prescriptions returned at the end of the session. Returned prescriptions can be re-issued to other locums or the same locum for use during another session.

Annex H

Examples of good practice already in use by NHS health bodies

Prescription log sheet **Computer prescriptions** **Prescriber ……..**

Date ordered	Ordered by (initials)	Method of order	Amount ordered (including order no.)	Date received	Amount received	Received by (initials)	Serial numbers	Stored by (initials)	Date taken for use	Taken by (initials)	Given to: prescriber/ location

Prescription log sheet **Handwritten prescriptions** **Prescriber ……..**

Date ordered	Ordered by (initials)	Method of order	Amount ordered (including order no.)	Date received	Amount received	Received by (initials)	Serial numbers	Stored by (initials)	Date taken for use	Taken by (initials)	Given to: (prescriber/ locum)

Prescription log sheet **Locum handwritten prescriptions** **Dr Locum……..**

Date of use	Taken by: (initials)	Given to: (GP locum name)	Session details	Name of practitioner on form	Number of prescriptions	Serial numbers issued	Serial numbers returned

Annex I

NHS COUNTER FRAUD AND SECURITY MANAGEMENT SERVICE OPERATIONAL TEAMS

Pharmaceutical Fraud Team
T: 0191 204 6340
A: 3rd Floor, Sandyford House,
Archbold Terrace, Jesmond
Newcastle upon Tyne, NE2 1DB

South East Operational Team
T: 020 8213 5119
A: 8th Floor Tolworth Tower, Ewell Road,
Surbiton, Surrey, KT6 7EL

South West Operational Team
T: 0117 918 4005
A: 2nd Floor, 1 The Piazza, Harbour Road,
Portishead, Bristol, BS20 7EL

East Midlands Operational Team
T: 01623 788 900
A: Ransom Wood Business Park, Southwell
Road West, Rainworth, Mansfield,
Notts, NG21 0ER

Eastern Operational Team
T: 01279 828 230
A: Level 11,Terminus House, Terminus Street
Harlow, Essex, CM20 1XE

Northern and Yorkshire Operational Team
T: 0191 204 6330
A: 3rd Floor, Sandyford House, Archbold
Terrace, Jesmond,
Newcastle upon Tyne, NE2 1DB

North West Operational Team
T: 01744 648740
A: 3rd Floor Lakeside, Alexandra Park, Prescot
Road, St Helens, Merseyside,
WA10 9TK

West Midlands Operational Team
T: 02476 245572
A: 8th Floor, Coventry Point, Market Way,
Coventry, CV1 1EA

London Operational Team
T: 020 7895 4688
A: Weston House, 246 High Holborn,
London, WC1V 7EX

NHS Fraud and Corruption Reporting Line
0800 028 40 60

NHS Pharmacy Reward Scheme
0800 068 61 61

SECURITY MANAGEMENT DIRECTORATE

T: 020 7895 4631 (general enquiries)
A: Weston House, 246 High Holborn,
London, WC1V 7EX
E: **securitymanagement@cfsms.nhs.uk**
(general enquiries)
Website: **www.cfsms.nhs.uk**

PRESCRIPTION FORM SUPPLIERS

3M Security Printing and Systems Ltd.
Customer Service
Tel - 0845 610 1112
Email: **nhsforms@spsl.uk.com**

NHSBSA Prescription Pricing Division
Mrs Les Davison
Senior Business Analyst &
NHS Secure Forms Contract Manager
Tel - 0191 2035416
Email: **les.davison@ppa.nhs.uk**

Annex J

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