

# Security of Prescription Form Guidance

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## Executive Summary

It is clear that prescription forms and stock order forms (GP10A's) 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 NHS Scotland. NHS National Services Scotland (NSS) has developed this guidance document to provide NHS Boards in Scotland 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:

- primary care contractors (GPs, dentists, optometrists and pharmacists);
- locum staff;
- nurse prescribers; both independent and supplementary prescribers;
- non medical independent prescribers, e.g. Pharmacy, Paramedic, Chiropody, Physiotherapy etc.

The guidance is also applicable to pharmacy and dispensing staff and staff who manage and administer prescription forms in NHS Boards and the non-NHS setting, which includes private hospitals, independent clinics and individual private practices.

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

**Sections 2 and 3** discuss 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. It is also important that there are good processes in place for staff to report incidents and be assured that the incident will be investigated and appropriate action taken.

**Section 4** outlines in detail the actions and responsibilities required at different stages. It identifies the importance of NHS Boards designating a member of staff at the appropriate grade/level of responsibility 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.

**Best practice guidance** is given for stock control and the stages of ordering, delivery, receipt, storage and distribution of prescription forms and actions to be taken if prescription forms are reported missing, lost or stolen. To assist managers, a handout that can be downloaded for distribution to staff is attached as an annex to

this document (Annex F). Annex G outlines 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 (Annex A), completing the Missing/Lost/Stolen NHS Prescription form(s) notification form (Annex B) and sending out security alerts (Annex C). Advice is also given to pharmacists on identifying forged prescriptions.

**Section 6** discusses the investigation of any incident involving missing, lost or stolen prescription forms and the required actions. Annexes D and E provides further information on the nature of the incident.

This document is designed to be as comprehensive as possible but, inevitably, such guidance cannot cater for every situation in the working environment. It is in no way prescriptive and should be used as a template to help develop and implement local procedures and systems or to enhance processes already in place, to promote the security of prescription forms. It should incorporate local needs of staff and the environments in which they work. We hope that NHS Boards across Scotland will find the guidance useful in dealing with this problem locally.

## 1. Introduction

The aim of this document is to provide a framework for NHS Boards to develop or adapt local policies, procedures and systems to ensure the security of prescription forms against theft and abuse in the NHS.

### 1.1 The problem

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 (for example by theft or fraud) to acquire drugs (particularly CDs for recreational use or for onward sale) and 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 are likely to be sold for substantial financial gains.

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 not be noticed until long after they have occurred. 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.

There are already a number of security measures that have been built into prescription forms to deter 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.

The effective management of prescription forms, for example how they are stored and accessed by authorised prescribing and non-prescribing staff, is very important. It requires that appropriate security policies, procedures and systems are in place. These should also be supported by a strong pro-security culture.

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

We have identified a few generic areas of action for both proactive and reactive initiatives in relation to security management in the NHS.

#### These are:

- embedding a pro-security culture;
- deterring security incidents and breaches;

- preventing and detecting security incidents and breaches where they have not been prevented through staff vigilance;
- investigating security incidents and breaches where detected and ensuring lessons are learnt and system weaknesses are addressed.

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

## 2. Embedding a pro-security culture

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.

The NHS Board has a key responsibility to ensure the creation and development of a strong pro-security culture. In particular, those working in primary care should work with their NHS Board to ensure that independent contractors and their staff are encouraged to adopt this guidance.

Although the NHS Board 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 NHS Boards are well placed to advise their contractors/employees in this area.

### Therefore, NHS Boards should ensure that:

- appropriate procedures are in place for the secure storage of prescription forms and other related stationery, for example GP10A stock order forms;
- they target authorised prescribers across all areas and at all levels in the NHS Board;
- involve non-prescribing staff to ensure the security of prescription stationery and the reporting of incidents relating to their loss using the NHS Board's incident 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 NHS Board liaises with their Fraud Liaison Officer about all reported cases of loss or theft of prescription stationery;

- the NHS Board is aware of who is responsible for the control of prescription forms in their area and has oversight of the process to ensure the proper security of prescription stationery.

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. This includes prescribers, dispensers and other staff working in the area and what their roles and responsibilities are, so that they are familiar and compliant with the procedures that are in place.

NHS Boards should ensure that comprehensive and robust prescription security policies and procedures are developed, implemented and reviewed at least annually and whenever situations arise that necessitate an earlier review. An example would be following an incident which exposes a fundamental weakness or failure of existing procedures. This should be undertaken in consultation with the person(s) responsible for prescription stock control.

### **3. Deterring security incidents and breaches**

Using publicity locally is a highly effective method of promoting what the NHS Board is doing to reduce the theft and loss of prescription forms. This includes the introduction of prescription security procedures, systems and technology.

Publicity can also help to 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 NHS Board to take appropriate steps to better protect this NHS asset.

NHS Boards should encourage the reporting of all incidents to the NHSScotland Counter Fraud Services Intelligence Team. This will provide a Scotland wide picture of the extent of the problem.

### **4. Preventing security incidents and breaches**

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 experiences on previous incidents and adopting an inclusive approach that involves staff and stakeholders.

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 Board, managers, all prescribing and



dispensing staff and non-prescribing staff who manage or administer prescription forms.

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.

Finally, prevention is also concerned with what occurs after an incident of prescription form theft or loss. It concerns 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.

#### **4.1 Proactive action**

The security of controlled stationery is the responsibility of both the NHS Board and the prescriber. NHS Boards, 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(s) and providing staff with clear lines of communication where other risks are identified. Moreover, prescribers have a responsibility to adhere to their NHS Board's policies and procedures regarding the security of prescription forms. By treating them as a valuable NHS asset and securing them at all times, this will help aid security.

All NHS Boards should designate a member of staff to accept responsibility for overseeing the whole process involved – from ordering, receipt, storage and transfer, to the access 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.

Prevention is about using information to minimise the risk of similar incidents occurring in the future. NHS Boards 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.

NHS Boards should oversee the implementation of best practice measures for the security of prescription forms for prescribers and dispensers in all healthcare

environments. This includes community and hospital-based settings. They should also oversee the raising of awareness about these measures.

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, prescribers should have a good understanding of these policies and procedures.

#### **4.1.1 Prescription stationery stock control – NHS Boards, GP practices, Community Pharmacies and Hospitals**

NHS Boards, GP practices, community pharmacies 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;
- the date prescription forms were 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; and
- details of prescription forms that have been destroyed (these records should be retained for at least 18 months).

#### **NHS Board responsibilities**

##### **4.1.2 Ordering**

NSS holds a database of all registered prescribers who can write NHS prescriptions.

Orders received by NHS Boards for prescription stationery should be checked against the prescribers' current details and status and verified against the order. Forms should only be ordered after the receipt of a requisition form signed by an authorised signatory. All NHS Boards should keep a full list of all of the prescribers employed and have a system in place to ensure the list is accurate and up-to-date, for example adding new GPs and removing retired/ceased employed GPs as appropriate.

The Misuse of Drugs (Amendment No. 3) Regulations 2006 introduced the requirement for all private prescription/requisition forms containing schedule 2 and 3 controlled drugs to be issued on a standard form CDRF. The form includes the

prescriber identification number of the person issuing it, and for all such prescriptions to be submitted to NHS NSS after the drug has been supplied.

### **4.1.3 Delivery to NHS Board and onward distribution to Prescribers**

The contracted (secure) printer who prints the prescription forms delivers the forms to the Stores Department of the NHS Board (unless an arrangement has been agreed between the NHS Board and NHS NSS for direct delivery to the prescriber). Delivery of the forms to subsequent smaller sites, Health Centres, GP surgeries, and so on is the responsibility of the NHS Board.

When arranging these deliveries, NHS Boards should ensure they are made to designated staff so that late deliveries can be followed up as soon as possible. This will allow for any discrepancies to be highlighted quickly.

All deliveries to the Stores department and to prescribers should be made in appropriate secure transport and should never be left unsecured 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. Unless unavoidable, unloading should not be done in a public area such as a reception area or public footpath.

Before the delivery driver leaves, a full check should be made against the delivery note, ensuring that the appropriate type of prescription form(s) and the correct number of boxes have been received and that there is no surplus.

Any discrepancies of deliveries at a prescriber level should be reported to the Stores Department in the first instance. Any main deliveries from the printer to the Stores Department should be noted on the driver's delivery note, queried with Practitioner Services and documented in the NHS Board's records.

### **4.1.4 Receipt and storage at NHS Board Stores**

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.

If the forms do not arrive on the due date (usually 4 weeks from ordering), the intended recipient should notify Practitioner Services of the missing prescription forms. Enquiries can then be made at an early stage.

Stocks of prescription stationery should be kept in a secure room with access limited to those who are responsible for prescription forms.

Keys or access rights for any secure area should be strictly controlled. A record should be 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.

Personalised forms which are no longer in use, for example retired/ceased employed GPs should be securely destroyed (for example 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.

#### **4.1.5 Distribution to prescribers**

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

When distributing prescription forms within the NHS Board 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.

Stationery supplies for NHS prescribers are normally distributed in bulk. Individuals responsible for prescription forms at this level should ensure that only authorised prescribers are given access to the forms.

#### **Prescribers' responsibilities**

##### **4.1.6 Storage of prescription form stock by prescribers**

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;
- details of the prescriber.

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

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.

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.

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

When making home visits, prescribers working in the community should take suitable precautions to prevent the loss or theft of forms. This could include 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 and 10 – to minimise the potential loss.

The same precautions should be taken by prescribers visiting care homes. Supplies of blank or signed prescription/GP10A forms should not be retained by community pharmacies or left in care homes for GP or locum visits. This would provide opportunity for theft and mean that the NHS has failed in the role of protecting this asset.

#### **4.1.7 Using prescription forms**

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.

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.

Pharmacists should be reminded that prescriptions/GP10As requesting CDs must fully comply with the legal requirements before any item is dispensed. 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. Where a CD prescription does not fully comply with the legal requirements, it should be returned to the prescriber for amendment and should be initialled and dated 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.

Pharmacists and dispensing staff should be vigilant that alterations have not been added after the prescription has been issued. All concerns should be verified with the prescriber even if initialled and dated.

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 name and address of the pharmacy.

#### **4.1.8 Hospital and Out-of-hours service provision**

Out-of-hours (OOH) centres follow a similar model to hospitals in that the code on the prescription is not specific to an individual. Rather it is specific to a 'site' where several prescribers will be working. This means there is added difficulty in tracing the prescriber.

Therefore, Hospital Clinics and OOH centres should keep a record of permitted prescribers and a copy of their signature, as well as asking prescribers to sign and PRINT their name on the prescription form when issuing prescriptions to patients. This is essential if prescriptions need to be recalled and matched with the prescriber. The record should also hold their contact information and details of where and when they work so that information can be given to a pharmacy if they have any queries with the items prescribed.

Hospital clinics and OOH centres should keep a record of the staff, and the prescription serial numbers used, on each shift.

#### **4.1.9 Locums**

Surgeries should keep a record of the serial numbers of prescription forms/pads issued to locums.

#### **4.1.10 Security of computer systems**

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, you should use for example an excel spreadsheet. Security should be an integrated part of

storage, and electronic alternatives have the potential to reduce the number of lost or stolen forms. NHS Boards should make adequate and auditable arrangements for secure storage and controlled ordering and issue of prescription pads for handwritten prescriptions (see Appendix G).

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.

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.

## 4.2 Reactive action

### 4.2.1 Lost or stolen prescription forms

If there are any irregularities at delivery stage, contact Practitioner Services to check the details of the delivery. If missing forms cannot be accounted for, the matter should be reported to the designated person with responsibility for prescription forms at the NHS Board. You should use the missing/stolen NHS prescription form(s) notification form at Annex B to do this. 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.

### 4.2.2 Long-term prevention strategy

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. This in-depth review requires an analysis of the incident, and the following factors should be considered:

**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 – for example 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 NHS Board to avert or better manage similar situations.

**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 result in clinical governance consequences relating to Controlled Drugs and other medication, financial loss of thousands of pounds and impact the reputation of the NHS.



**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 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 – for example mobile staff working in the community. Staff involvement will also provide first hand information about the incident, thus staff input will help develop appropriate preventative measures.

**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.

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

**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 segregation of duties between the ordering, receipt and checking of prescription forms.

## **5. Detection**

It is important that there are good processes in place for staff to report incidents. Staff should be encouraged to report all incidents using local incident reporting arrangements. This allows for proper investigation by the NHS Board to identify, if possible, the offenders and any trends or patterns that can help reduce the risks.

### **5.1 Reporting missing/lost/stolen NHS prescription forms**

In the event of a missing, lost or suspected theft of a prescription form, the prescriber or staff member should notify the designated person with responsibility for prescription forms at the NHS Board. They should use the Missing/lost/ stolen NHS prescription form(s) notification form at Annex B to do this. 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.

The matter should also be recorded as a security incident on the NHS Board's incident reporting system and the security alert process initiated. This is to ensure that they are aware of the incident and can initiate an investigation if required.



### **Any missing, lost or suspected theft report must include the following details:**

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

## **5.2 Security Alerts**

NHS Boards have a responsibility to inform their staff of any local alerts or warnings about an incident involving the theft or loss of prescription stationery. Consideration should be given to how information will be shared between the NHS Board and local pharmacies. NHS Boards should also be encouraged to number each security alert consecutively throughout the year, for example 01/2020, 02/2020, 03/2020 and so on. Annex C provides you with a standard template that could be used to issue your security alerts.

## **5.3 Forged Prescriptions**

Pharmacists should be vigilant in scrutinising prescriptions for any signs of alteration not authorised (for example initialled and dated) by the prescriber. See section 1b in Annex A, which outlines the actions to be taken. Staff also need to be vigilant that alterations have not been added after the prescription has been issued – all concerns should be verified with the prescriber even if initialled and dated. If corrections on a prescription form have not been initialled and dated, pharmacists should try to contact the prescriber to verify the changes. If the dispensing contractor is in any way suspicious that the person presenting the prescription does not have the authority to do so, they should contact the local police.

## **6. Incident Investigation**

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, NHS Boards through their appointed 'Accountable Officers' have a responsibility for investigating concerns and incidents related to controlled drugs. Additionally, NHS Boards must ensure that their contractors have appropriate arrangements in place.

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

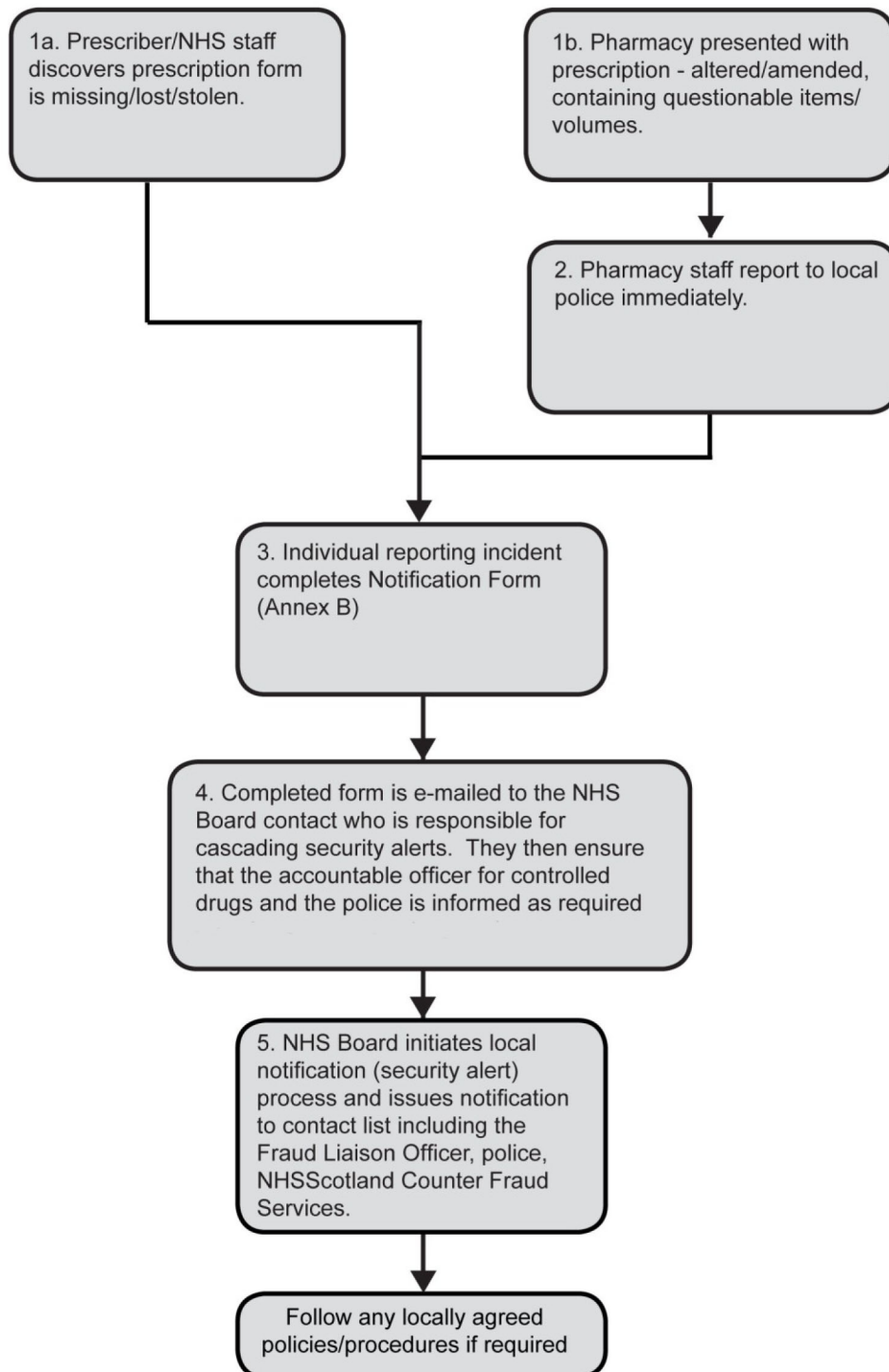
If the discrepancy is not due to a supply chain error and it is established that forms are missing, lost and/or there is suspected or actual theft, immediate contact should be made with the local police (and NHSScotland Counter Fraud Services for information purposes). Annex D gives a more detailed breakdown of the types of incident involving prescription forms and the actions staff should take in response.

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

Information from investigations can be used to inform action that needs to be taken in the areas of pro-security culture, deterrence and prevention, to allow solutions to be developed.

## Annex A

### Missing/Lost/Stolen NHS prescription Form Flowchart



## Annex B

### Missing/Lost/Stolen NHS prescription Notification Form

<b>NHS Board:</b>	
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<b>The following numbered NHS prescription forms have been identified to us as lost or stolen:</b>	
Date and time of theft/loss:	
Name of person reporting:	
Address of person reporting:	
Telephone no:	

<b>Full details of theft/loss (please fill in details below and include the following information:</b>	
Place where loss/theft occurred	
Quantity :	
Details of whom the incident has been reported to:	

<b>Details of GP/department/dentist/nurse/pharmacist etc whom the prescription form(s) have been lost or stolen:</b>		
Name:		
Prescriber Code:		
Address:		
Serial Numbers:	<b>To</b>	<b>From</b>

Details of NHS prescription form type lost or stolen (tick appropriate box):

Form Type	Please indicate whether lost/stolen	
GP10/GP10(SS)		
GP10N/GP10N(SS)		
GP10P		
GP10OP		
GP10NMP		
GP14		
HBP/HBPSS		
HBPA/HBPASS		
GP10A		
CP4/3		
CPUS		
CDRF		
PPCD		
Has this incident been reported to the police? (please tick box)	<b>YES</b>	<b>NO</b>
Name and police station of investigating police officer		
Incident number		
Has a security alert been issued to all pharmacies and GP surgeries within the NHS Board and adjacent NHS Boards? (please tick box)	<b>YES</b>	<b>NO</b>
Please give details of any ink changes or security measures and the effective dates of these measures		

<b>Name:</b>		<b>Position:</b>	
<b>Signed:</b>		<b>Date:</b>	

## Annex C

### Security Alert – Lost/Stolen/Missing Prescription Form Template

Issue xx/2020				
To: All Community Pharmacists in NHS Board area(s)				
Cc: NHS Board Staff (including Accountable Officer Department) Police if appropriate				
NHSScotland Counter Fraud Services (e-mail: <a href="mailto:nss.cfsintelligence@nhs.scot">nss.cfsintelligence@nhs.scot</a> )				
From:				
Date:				
<b>A specific prescription has been reported as lost/stolen/missing. Details as follows:</b>				
Patient Name:				
Patient Address:				
Item(s):				
Signed by:				
Dated:				
Prescription Serial No (if known):				
Been replaced/to be replaced?	<b>YES</b>		<b>NO</b>	
Record any distinguishing features on replacement				
<b>A blank prescription/GP10A pad has been reported as lost/stolen/missing. Details as follows:</b>				
Prescriber Name:				
Prescriber Code:				
Practice Address:				
Prescription/Form Serial Nos:				
Detail what has been agreed:	(e.g. that the GP will write/sign in red ink until a specified date or use a partner's pad)			
If you are presented with the original prescription/a similar prescription or a prescription you have reason to doubt (delete as appropriate), please do not dispense but contact the local police and your designated Health Board contact.				
<b>Please note that this Security Alert is confidential. Any patient identifiable information should only be sent electronically to and from an NHSnet account.</b>				

## Annex D

### Prescription form order process

#### Practitioner Services/NHS Board responsibilities

Practitioner Services will process orders received from an authorised NHS Board signatory on a fortnightly basis.

The timetable of order/delivery dates and the appropriate forms to be completed are available at

<https://nhsnss.org/services/practitioner/pharmacy/prescriptions/prescription-form-ordering/>

Prescription orders should be sent by email to [nss.psd-pscriber-statnry@nhs.scot](mailto:nss.psd-pscriber-statnry@nhs.scot) or

Prescription Stationery Department  
Practitioner Services  
3 Bain Square, Livingston  
EH54 7DQ

Tel: 01506 705100

Orders are usually delivered within four weeks of ordering.

#### Urgent/priority orders

There is no explicit agreement in place for handling these orders; however Practitioner Services and the printer will attempt to fill an urgent order as quickly as possible.

### Incident Response

#### NHS Board

Nature of Incident	Who should be contacted?
Discrepancy in prescription forms ordered and received.	Contact Practitioner Services on 01506 705100 or <a href="mailto:nss.psd-pscriber-statnry@nhs.scot">nss.psd-pscriber-statnry@nhs.scot</a> and provide a sample of the prescription/form with the error.
Following enquiries with Practitioner Services, if discrepancy in prescription forms ordered and received cannot be accounted for and forms are still missing.	Contact Practitioner Services on 01506 705100 or <a href="mailto:nss.psd-pscriber-statnry@nhs.scot">nss.psd-pscriber-statnry@nhs.scot</a> and they will conduct an investigation.

## Prescriber

Nature of Incident	Who should be contacted?
If prescription forms are lost through negligence or by accident.	Using the notification form at Annex B, notify the designated person with responsibility for prescription forms at the NHS Board. The matter must be reported as a security incident and a security alert/warning circulated locally.
If prescription forms are stolen.	<p>Using the notification form at Annex B, notify the designated person with responsibility for prescription forms at the NHS Board.</p> <p>They will then contact the Police and notify NHSScotland Counter Fraud Services for intelligence purposes.</p> <p>The matter must be reported as a security incident and a security alert/warning circulated locally.</p>

## Dispensing Contractor

Nature of Incident	Who should be contacted?
If it is suspected that a presented prescription form is forged.	<p>Report to local police immediately.</p> <p>Using the notification form at Annex B, notify the designated person with responsibility for prescription forms at the NHS Board.</p> <p>They will then contact the NHSScotland Counter Fraud Services on 01506 705216.</p>
If it is suspected that prescription forms are being misused.	<p>Report to local police immediately.</p> <p>Using the notification form at Annex B, notify the designated person with responsibility for prescription forms at the NHS Board.</p> <p>They will then contact the NHSScotland Counter Fraud Services on 01506 705216 and report investigations to the Fraud Liaison Officer and Director of Finance.</p> <p>If legal advice is required, contact the NHSScotland Central Legal Office.</p>



## **NHSScotland Counter Fraud Service responsibilities include:**

- Fraud/corruption
- Forgery or misuse of prescription forms
- Liaison with and inform relevant staff/bodies (Health Board/Fraud Liaison Officer/police)
- Follow internal procedures when investigating cases of specific Fraud/corruption.

## Annex E

### Key responsibilities in incident investigation

Responsibilities	Actions
Prescriber	<p>Follow local procedures and guidance for the immediate reporting of an incident by ensuring a Missing/lost/stolen NHS prescription form(s) notification form is completed and submitted to the designated person with responsibility for prescription forms at the NHS Board (see Annex B).</p> <p>Provide details of the number of prescription forms stolen, their serial numbers and where and when they were stolen.</p> <p>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 4 weeks.</p>
NHS Board	<p>Ensure matter is reported immediately to Practitioner Services/police/Fraud Liaison Officer/NHSScotland Counter Fraud Services as appropriate.</p> <p>Ensure local incident reporting system has been followed.</p> <p>Following the reported loss of a prescription form, the NHS Board will normally inform a prescriber to write and sign all prescriptions in a particular colour for a period of 4 weeks.</p> <p>The NHS Board will inform all pharmacies in their area and adjacent NHS Boards 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.</p> <p>In consultation with the NHSScotland Counter Fraud Service, the NHS Board should take necessary action to minimise the abuse of the forms taken.</p>
NHSScotland Counter Fraud Service	<p><b>THEFT OF PRESCRIPTION FORMS</b> (or lost or missing)</p> <p>Liaise with and inform relevant staff/bodies (NHS Board/Fraud Liaison Officer/police).</p> <p>Follow internal procedures when processing cases of specific theft.</p>

## **ANNEX F**

### **Best practice guidance for prescription form security**

#### **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.

#### **All NHS Boards 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.

#### **All NHS Boards should designate a member of staff to accept 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.

#### **Orders received at NHS Boards from GP practices should be checked against prescribers' current details and status and verified against the order.**

#### **All NHS Boards should keep a full list of all the prescribers employed by them.**

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.

#### **Deliveries of prescription forms from prescription form suppliers to NHS Board 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.

**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.

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. In such circumstances, Practitioner Services is contacted to check the details of the delivery.

**Where loss or theft is suspected, the police should be informed immediately.**

It may be necessary to circulate details via a security alert (see Annex C).

**Two NHS Board 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.

**GP practices and hospitals should adopt and implement similar security policies and procedures to those used by NHS Boards.**

This is especially important in relation to the receipt and storage of prescription forms which should, as far as possible, always be carried out away from public/patient view.

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

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

**Personalised prescription forms which are no longer in use, should be securely destroyed following local policies and procedures, 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.

**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.



## Annex G (continued)

Instructions for completing a prescription log sheet - computer/handwritten prescriptions

A separate page should be used for each prescriber/location whose name appears on the prescription and prescriber details should be recorded at the top of the page.

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

**Ordered by (name)** – name of the person who placed the order.

**Amount ordered** – number of prescriptions ordered (including the order number of this particular order if appropriate).

**Date received** – date when the delivery arrived at the NHS Board/premises and was placed in the lockable prescription store.

**Amount received** – total number of prescriptions received.

**Received by (name)** – name of the person who received the delivery of the prescription forms.

**Serial numbers** – the first and last serial number of each pad/box should be recorded.

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

**Date taken for use** – date when the pad/box 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.

**Taken by (name)** – name of the person removing the prescription pad/box from the store.

**Given to: (prescriber/location)** – the location where the pad/box will be used or the name of the prescriber, for example clinic, repeat prescription terminal or prescriber name.

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