

## RECOMMENDATIONS ON THE SAFE & SECURE MANAGEMENT OF NHS PRESCRIPTION STATIONERY IN GP PRACTICES

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## RECOMMENDATIONS ON THE SAFE & SECURE MANAGEMENT OF NHS PRESCRIPTION STATIONERY IN GP PRACTICES

**NOTE: The recommendations within this document are also applicable to CCG commissioned services in Primary Care including GP and specialist-led clinics**

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 important that all staff remain vigilant and adhere to procedures intended to reduce the risk of prescription form theft and fraud. More detailed information on security of prescriptions and a series of supporting templates can be found in the NHS Protect publication “Security of prescription forms guidance” updated in August 2015.

### 1. AIM

The aim of this guide is to:

- Assist prescribers and practice staff in their understanding of prescription security recommendations
- Prevent theft and misuse of prescriptions through secure storage and management systems
- Clearly set out the requirements for practice roles and responsibilities
- Support the development of local protocols for reporting prescription loss / theft and the subsequent actions to be taken
- Aid compliance with best practice recommendations and meet CQC requirements

### 2. RESPONSIBILITY

All organisations that manage and use prescription forms have a duty to implement procedures and systems to ensure, as far as practicable, that all prescription stationery is properly protected and secured.

All practices should designate a member of staff to accept overall responsibility for overseeing the ordering, recording, secure storage of and access to 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.

Once issued to them, prescribers become responsible for their prescription forms / pads and should ensure that they adopt appropriate security measures to prevent unauthorised access

### 3. ORDERING PRESCRIPTION FORMS

- Prescription forms and personalized prescription pads are ordered by GP Practices through the Primary Care Support England (PCSE) portal: [PCSE supplies portal](#)
- PCSE have produced a step by step guide and a list of Frequently Asked Questions to assist with any issues you may have when ordering prescriptions via the portal – [PCSE supplies portal](#)
- Prescription form deliveries are made by a single, national courier firm who will deliver to your practice the same day of each week
- Orders for prescription stationery should reflect usage levels and not exceed requirements. The quantity of stock held at the practice must be able to be stored in a secure manner that is consistent with the recommendations in this document

#### 4. RECEIPT OF PRESCRIPTION FORMS AND PADS

- The delivery of prescription stationery must only be received by a named and authorised member of staff (NHS Protect recommend that 2 staff members are present)
- The delivery must be thoroughly checked to ensure that:
  - 1) The packaging is sealed and unbroken
  - 2) The information on the delivery note matches the order
  - 3) The serial numbers on the delivery documentation match the serial numbers on the prescription forms (bar coding is now used on all FP10SS boxes. The barcode includes: the product code, quantity, box number, first and last serial numbers in the range)
- Once satisfied that the delivery is complete and correct, the authorised member of staff must sign for the receipt and record the delivery – see section 5 for record keeping
- Delivered prescriptions forms should be securely stored as soon as practicable – see section 6 for storage recommendations
- 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 must be reported to the supplier and practice Lead. If it is determined that prescription forms are missing, and the discrepancy is not due to a supply chain error, the incident must be reported. See section 9 for more information on how to report lost or stolen prescription forms.

#### 5. RECORD KEEPING

- Practices will have processes in place to record the following information, preferably using a computer system to aid reconciliation and audit trailing:
  - a. date of delivery
  - b. name of the person accepting delivery
  - c. what has been received (quantity, serial numbers and prescription type e.g. FP10ss)
  - d. where it is being stored
  - e. when prescription forms are issued
  - f. to which prescriber they were issued
  - g. the number of prescriptions issued
  - h. serial numbers of the prescriptions issued
- **Records of serial numbers received and issued should be retained for at least three years**
- Personalised pads must be destroyed when a prescriber leaves the practice. The destruction must be carried out securely by shredding and placing into confidential waste and the process ideally witnessed by a second member of staff. A record should be made of the serial number of the forms destroyed and the signature of those carrying out the destruction
- Stock takes should be undertaken regularly (at least quarterly) and any anomalies investigated and reported as necessary

*Instructions for keeping a prescription form register and an example record keeping template is available within annexes G and H of the NHS Protect guide: [“Security of prescription forms guidance”](#)*

## 6. STORAGE OF AND ACCESS TO PRESCRIPTION STATIONERY

- Keep stocks of prescription stationery in a secure area with access limited to those who are responsible for prescription forms
- Hold minimal stocks of prescription stationery. This reduces the number of forms vulnerable to theft
- Rotate stock to ensure older pads / forms are used before newer ones
- Prescribers are responsible for the security of these forms once issued to them, and must ensure they are securely locked away when not in use
- Patients, temporary staff and visitors must never be left alone with prescription forms or allowed into secure areas where forms are stored
- Single sheet prescription forms should be afforded the same security controls as prescription pads. These forms may be used in handwritten form, so it is not advisable to leave the forms in printer trays where unauthorised access is a risk
- Prescription printers must not be accessible to members of the public
- **Apply measures to protect prescription stationery when consulting rooms are not in use / overnight. The simplest solution is to lock consulting room doors when unoccupied**
- In addition, consideration should be given to:
  - fitting a security device (e.g. printer tray lock) to printers to prevent theft of forms from printer trays
  - Removing prescriptions from printer trays and store in a locked drawer when unattended
  - Store prescription forms in a locked drawer and only place them in the printer tray when required
- Doctors' and surgery stamps must be kept securely, and in a separate location from prescription forms
- Completed (written and signed) prescription forms must not be accessible to anyone other than authorized members of staff. When the surgery is closed to patients, any completed prescriptions must be stored in a locked drawer/cupboard/room

## 7. USING PRESCRIPTION FORMS

- 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 must never be pre-signed.
- Computers must have a screensaver facility so that access can be denied when they are away from the desk and reactivated using a password
- All staff who have access to the computer system that has the potential to generate prescriptions must have an individual password. Passwords must only be known to the individuals concerned and systems should prompt users to change them on a regular basis.
- Staff must 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
- The prescription should be dated and a diagonal line drawn across any blank parts of the form. Alterations to the prescription should be avoided and if necessary, must be initialed by the prescriber

- Locums issue prescriptions bearing the details of the senior partner or doctor for whom they are providing cover. However, the locum's details (at least their name) should be written on the prescription so that the name of the doctor matches the signature

## **8. SECURITY OF FORMS OUTSIDE THE PRACTICE/CLINIC/BASE**

When making home visits, prescribers working in the community should take suitable precautions to prevent the loss or theft of forms:

- Take only a small number of prescription forms on home visits – ideally between 6 and 10 – to minimise the potential loss
- record the serial numbers of any prescription forms/pads they are carrying before leaving the practice
- carry the prescriptions in an unidentifiable lockable carrying case
- Do not leave prescription pads on view in a vehicle
- Do not leave prescription pads in a vehicle overnight
- If prescriptions are to be left unattended in a vehicle they should be stored in a locked compartment such as a car boot or glove box and the vehicle should be fitted with an alarm
- The same precautions apply to prescribers visiting care homes. Supplies of blank or signed prescription forms must never be left in care homes for GP or locum visits as this provides opportunity for theft
- The volume of prescriptions issued to care homes can be substantial so it is advisable that care homes agree a suitable process with the GP practices to handle these securely
- It is common practice for quantities of prepared, repeat-prescriptions (including controlled drugs) to be collected by a member of staff from a local pharmacy. Care must be taken to ensure that these prescriptions are handled securely and that the collecting member of staff can be positively identified. It is good practice for there to be a documented process that practice staff are familiar with
- Private prescribers of controlled drugs using the FP10PCD and requisition forms FP10PCDF should exercise extra caution as there is greater potential for misuse of these forms

## **9. REPORTING MISSING/LOST/STOLEN/FRAUDULENTLY PRESENTED NHS PRESCRIPTION FORMS**

- In the event of a loss or suspected theft of prescription form stock, the prescriber or staff member should notify the designated person in the practice with overall responsibility for prescription forms, the Controlled Drugs Accountable Officer (CDAO) if applicable and the police as required.
- The matter should also be recorded as a security incident on the practice's incident reporting system.
- Missing/lost/stolen prescriptions should be reported using the notification form in Annex B of the guidance NHS Protect "[Security of prescription forms guidance](#)" and emailed to NHS Protect at [prescription@nhsprotect.gsi.gov.uk](mailto:prescription@nhsprotect.gsi.gov.uk) to notify them of the incident.
- If the incident involved Controlled Drugs, then the Controlled Drugs Accountable Officer (CDAO) should be notified at [england.lancscontrolleddrugs@nhs.net](mailto:england.lancscontrolleddrugs@nhs.net)
  - The practice should also make contact with the NHS England local Area Team on [england.contactus@nhs.net](mailto:england.contactus@nhs.net) who will facilitate a cascade alert to local community pharmacies to inform them of the loss of prescriptions and the possibility that fraudulent scripts may be presented. It is advisable

that the practice sign all scripts in red for a period of time after the incident. This, and other important information, will be contained in the cascade alert to community pharmacies.

#### **10. POST INCIDENT INVESTIGATION**

- The level of investigation of missing/lost/stolen prescription forms will depend on the nature of the incident
- The practice should be prepared to support the investigating office be it the Local Counter Fraud Specialist (LCFS), the Controlled Drug Accountable Officer (CDAO), the police or the Local Security Management Specialist (LSMS)
- The practice / prescriber may be requested to undertake measures to prevent fraudulent use of missing / stolen prescriptions e.g.:
  - sign scripts in a specified colour for a period of time
  - liaise more closely with local community pharmacies
- It is appropriate for prescribers and practice staff to undertake a review of their local security procedures following an incident / security breach