

RECOMMENDATIONS ON THE SAFE & SECURE MANAGEMENT OF NHS PRESCRIPTION STATIONERY IN GP PRACTICES (and other ICB-commissioned services in Primary Care)

Contents

1. AIM	2
2. RESPONSIBILITY	2
3. ORDERING PRESCRIPTION FORMS	3
4. RECEIPT OF PRESCRIPTION FORMS AND PADS	3
5. RECORD KEEPING AND AUDIT TRAILS	3
6. STORAGE OF AND ACCESS TO PRESCRIPTION STATIONERY	4
7. USING PRESCRIPTION FORMS	5
8. SECURITY OF FORMS OUTSIDE THE PRACTICE/CLINIC/BASE	5
9. POSTING PRESCRIPTION FORMS IN THE MAIL	6
10. REPORTING MISSING/LOST/STOLEN/FRAUDULENTLY PRESENTED NHS PRESCRIPTION FORMS	7
10.1. Patient reported loss of a prescription	7
10.2. Reporting loss or theft from stock	7
10.3. Cascade alerts to local Community Pharmacies	7
11. POST INCIDENT INVESTIGATION	8
12. Annex A – Incident Reporting – Actions and Contacts	9

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

NOTE: The recommendations within this document are also applicable to ICB commissioned services in Primary Care including GP and specialist-led clinics. Where the term “practice” is used, this will also apply to any service / clinic that uses NHS Prescription Stationery.

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.

This information in this guide has been based on the NHS Protect publication “Security of prescription forms guidance” (August 2015) and updated following the publication of “[NHS Counter Fraud Authority – Management and Control of Prescription Forms, A guide for prescribers and health organisations](#) – March 2018 version 1.0”

Aide-memoires for practice managers and prescribers can be found [here](#).

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.

Whilst this guideline has been based on the national recommendations from NHS Counter Fraud, Practices may also wish to refer to the advice of the Care Quality Commission – [GP mythbuster 23: Security of blank prescription forms](#) to ensure that they adopt a pragmatic approach to meeting their obligations in respect to prescription-form security.

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 personalised prescription pads are ordered 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 on the same day 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 Counter Fraud Authority recommend that 2 staff members are present to facilitate the necessary checking and recording processes)
- 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 bar code 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(s) of staff must sign for their receipt and record the delivery – see section 5 for record keeping
- Delivered prescriptions forms must not be left unattended and 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. Discrepancies should be noted on the driver's delivery note, queried with the supplier and documented in your records
- 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.
- If prescription forms are not delivered on the due date, the intended recipient should notify the suppliers of the missing order so that enquiries can be made at the earliest opportunity

5. RECORD KEEPING AND AUDIT TRAILS

- Processes must be in place to record the following information, preferably using a computer system to aid reconciliation and audit trailing:
 - a. date of delivery/receipt
 - 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 to a prescriber
 - f. details of who issued the forms
 - g. to which prescriber they were issued
 - h. the number of prescriptions issued
 - i. serial numbers of the prescriptions issued
 - j. details of prescription forms that have been destroyed
- **Records of serial numbers received, issued and destroyed 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 D and E of the [NHS Counter Fraud Authority – Management and Control of Prescription Forms, A guide for prescribers and health organisations](#)

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. As a minimum, prescription forms should be kept in a locked cabinet within a lockable room or area
- 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
 - Returning all unused prescription forms to stock at the end of the session or day
- 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 authorised 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
- 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
- Hand-written prescriptions 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 initialled by the prescriber
- If an error is made on a prescription, it is best practice 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 write a new prescription
 - Duplicate or spoiled prescriptions that have been accidentally sent or collected by a pharmacy should be securely destroyed or returned to the prescriber as soon as possible

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 Care Home's CD cupboard should not be used for storing prescription pads
- 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
- **Further distribution** – in some instances, blank prescription forms may be distributed from a practice to other sites e.g. branch surgeries, additional clinics / bases. It is essential to maintain appropriate records of such distribution. For further information see sections 4.20, 4.21 and 4.22 of the NHS Counter Fraud Authority – Management and Control of Prescription Forms, A guide for prescribers and health organisations

9. POSTING PRESCRIPTION FORMS IN THE MAIL

- Posting prescriptions to patients poses the risk that the prescription may not reach the intended recipient but sometimes this is the only suitable option. However, the risks of fraudulent use are greater where the prescription is for a controlled drug and it is therefore recommended that these types of prescriptions are not posted and alternative arrangements are made
- It is recommended that prescriptions are only posted in the mail in exceptional circumstances after a risk assessment has been made and checks have been undertaken:
 - To ensure that the patient's address is up to date
 - To ensure that the prescriptions have reached the intended recipient
 - To consider whether there are known individuals at the patient address with substance misuse issues
- Have a record-keeping system for:
 - The date of posting
 - Name and address of intended recipient
 - The prescription details (items prescribed, dosages, amounts)
- Additional precautions may include:
 - Discreet information on the external envelope so that the items is not easily identified
 - A return address if the item cannot be delivered
 - Using a postal service with tracking information
 - Getting the item signed for at the point of delivery
 - Reconciliation checks to ensure that the patients did receive the prescription form
 - Escalation and reporting actions for staff in the event that the patient reports non-receipt of the prescription form
- Such precautions should be included in any relevant standard operating procedures (SOPs) or policies for staff

10. REPORTING MISSING/LOST/STOLEN/FRAUDULENTLY PRESENTED NHS PRESCRIPTION FORMS

10.1. Patient reported loss of a prescription

- A procedure should be in place in the event that a patient reports a lost prescription form. Such incidents should be recorded in the incident log (or similar) and a risk assessment undertaken to ensure that the reported loss is genuine before a replacement prescription is provided. If the lost prescription form was for CD's, the CDAO should be informed and extra precautions taken to ensure that the medication is dispensed to the intended recipient
- Consider the use of electronic prescription services (EPS) to avoid the need for issuing paper prescription forms

10.2. Reporting loss or theft from stock

- Missing/lost/stolen prescriptions should be reported in accordance with [Annex A](#)
- Practices should have processes in place to record and report incidents in accordance with local incident reporting policies
- Incident reporting should include as much essential information as possible, including:
 - Where you work, your contact details
 - Date / time of incident and as much information on the location and nature of the incident as possible
 - The type of prescription stationery, serial numbers, quantity of prescriptions
 - Details of the prescriber from whom the prescriptions have been lost / stolen
 - The action already taken e.g. reported to the police, alert notification to local pharmacies, reported to the Local Counter Fraud Specialist (LCFS)
- Incidents involving Controlled Drugs should be reported at www.cdreporting.co.uk . The person reporting the incident will need to complete a one-time registration. The details of the incident will be automatically notified to the local Controlled Drugs Accountable Officer (CDAO) who will make contact with the practice should further information or action be required
- Further information on reporting fraud can be found at <https://cfa.nhs.uk/reportfraud> or the confidential NHS Fraud and Corruption Reporting Line **0800 028 4060**

10.3. Cascade alerts to local Community Pharmacies

- Where an incident has resulted in the loss or theft of prescriptions, the practice should also make contact with alerts.scwcsu@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 recommended that this cascade alert will be issued within 24 hours of the incident (with the exception of weekends)
- The prescriber / practice whose stock is missing should be instructed to write and sign all newly issued scripts in a particular colour for a period of time after the incident
- It is recommended that the following incident details are included with the cascade alert to local pharmacies

- The name and practice address of the prescriber
- The approximate number of forms missing / stolen
- The period for which the practice will write scripts in a specific colour

11. 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 officer 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

References and further information

NHS Counter Fraud Authority – Management and Control of Prescription Forms, A guide for prescribers and health organisations – March 2018 version 1.0

Care Quality Commission – GP mythbuster 23: Security of blank prescription forms

12. Annex A – Incident Reporting – Actions and Contacts

Nature of incident →	There is a discrepancy in prescription forms ordered and received	If, following enquiries with the supplier, the discrepancy in prescription forms ordered and received cannot be accounted for, and forms are still missing	If prescription forms are lost through negligence or by accident	If prescription forms are stolen	If it is suspected that a presented prescription form is forged or counterfeit	If it is suspected that prescription forms are being misused
Who should be contacted / action required ↓						
Contact supplier (0333 014 2884) Contact us - Primary Care Support England Ask the driver to remain on site while the supplier is contacted	YES					
Notify the designated person with overall responsibility for prescription forms at the practice / base		YES	YES	YES		
Complete an incident report as per local reporting policy		YES	YES	YES		
Notify the Controlled Drugs Accountable Officer (CDAO) via www.cdreporting.co.uk		YES	YES	YES	YES	YES
Notify the Local Counter Fraud Specialist (LCFS) ⁱ		YES	YES	YES	YES	YES
Contact the police		IF REQUIRED	IF REQUIRED	YES	YES	YES
Notify alerts.scwcsu@nhs.net who will facilitate a cascade alert to community pharmacies		YES	YES	YES		
Notify NHS Counter Fraud Authority via the NHS Fraud & Corruption Reporting Line 0800 028 40 60 or online at https://cfa.nhs.uk/reportfraud		IF FRAUD IS SUSPECTED	IF FRAUD IS SUSPECTED	IF FRAUD IS SUSPECTED	YES	YES
Contact the Prescriber to check validity of the prescription					YES	YES

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