

Security of prescription forms guidance

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A decorative graphic consisting of numerous vertical blue lines of varying heights and thicknesses, creating a textured, wave-like effect across the bottom half of the page.

Tackling fraud and managing security

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Glossary of acronyms

AAP	Any Appropriate Provider
ASMS	Area Security Management Specialist
AQP	Any Qualified Provider
CCG	Clinical Commissioning Group
CD	Controlled Drugs
CDAO	Controlled Drugs Accountable Officer
CN	Community Nurse
CPS	Crown Prosecution Service
DH	Department of Health
EPS	Electronic Prescription Service
GP	General Practitioner
GPC	General Pharmaceutical Council
LA	Local Authority
LCFS	Local Counter Fraud Specialist
LSMS	Local Security Management Specialist
NHSBSA	NHS Business Services Authority
NHSBSA PS	NHS Business Services Authority Prescription Services
NHS Protect (LPU)	NHS Protect Legal Protection Unit
OCP	Organisational Crime Profile
OOH	Out-of-Hours service
PCT	Primary Care Trust
PRS	Pharmacy Reward Scheme
SHA	Strategic Health Authority

Executive summary

This document is intended to be used as an aid in helping to develop and implement local procedures and systems for the promotion of security of prescription forms. Systems and protocols should be designed with the needs of local staff and the environments in which they work, in mind.

Section 1 introduces NHS Protect and the reformed NHS and wider healthcare landscape. It outlines the legal and structural changes to the healthcare sector, the legal underpinnings of anti-crime work in the health sector, and discusses why security of prescription forms is a problem.

Section 2 outlines the management of prescription stock for organisations, and the requirements for ordering prescription forms. The form stock management section discusses how to handle or manage forms most effectively and safely from ordering to receipt of delivery, storage and physical security to dispensing or secure disposal. It also includes sections on general computer security as well as some general security advice on how to manage prescription forms.

Section 3 discusses prescription stock management issues for individual prescribers; how to use them, store them, what to do with spoiled or duplicate forms and how to manage them when caring for patients in the community, when visiting care homes and when providing out of hours services.

Section 4 outlines the processes and procedures to follow when prescription forms are lost or stolen and what organisations can do to prevent, as far as is practicable, crimes against the health sector.

Section 5 includes information on anti-crime alerts employed by NHS Protect, how to verify prescriptions and information on forged forms and the investigations and sanctions that can be the consequence of unlawful action.

1. Introduction

1. The aim of this document is to provide a framework for commissioners and providers of healthcare services in the development or adaptation of local policies, procedures and systems to ensure the security of prescription forms against theft and misuse. The guidance has been developed to support all types of commissioners who are authorised to order prescription form stock such as: NHS England¹ and its regional and area teams; clinical commissioning groups (CCGs); local authorities (LAs) and NHS hospital trusts. The guidance has also been developed to support those providers, both NHS and private, who have been authorised by their commissioner to order prescription form stock and therefore will be responsible for its secure management and use by:
 - preventing theft and misuse through secure storage
 - developing an organisational policy outlining roles and responsibilities
 - developing local protocols outlining what actions to take in the case of loss, theft or missing prescription forms
 - controlling and recording prescription movement, including recording serial numbers.

Who is the guidance for?

2. This guidance is intended for the following roles in all settings²:
 - prescribers of medicines (including contractors and locum staff)
 - independent prescribers
 - supplementary prescribers
 - pharmacists and dispensing staff
 - heads of medicines management
 - staff who manage and administer prescription form stock
 - controlled drugs accountable officers (CDAOs)
 - Local Security Management Specialists (LSMSs) and
 - Local Counter Fraud Specialists (LCFSs) or nominated equivalents for those organisations that don't have an LSMS or LCFS.
3. This document discusses a range of measures available to organisations to prevent and tackle the problem of prescription form theft and misuse and outlines the recommended actions when an incident occurs.

What is the status of this guidance?

4. This guidance supersedes the previous version of this document published by the NHS Security Management Service³ in March 2011. This is an interim version to cover the transitional period as the changes from the NHS reforms are implemented. The reforms that the NHS and the wider health sector are undergoing will change key aspects of the commissioning and the provision of healthcare in England. Some of the most important changes include: a new commissioning structure, abolition of primary care trusts (PCTs) and strategic health authorities (SHAs); a broadening of the provider market; greater autonomy for providers; as well as changes to the legislative and contractual frameworks governing the delivery of healthcare.

¹ Its name as a legal entity is the NHS Commissioning Board; its brand name is NHS England.

² Please also see section 2, page 12 of this guidance.

³ Prior to April 2011 NHS Protect operated under the name NHS CFSMS (counter fraud and security management service), of which the security management service was a part.

5. To implement the new commissioning structure, new organisations have been created: over 200 CCGs, NHS England and its four regional and 27 area teams. The new bodies will carry out the commissioning of primary and secondary care services. NHS Protect will follow these developments and will amend this guidance accordingly.
6. The guidance is applicable to both NHS and non-NHS settings; this includes NHS trusts and foundation trusts, CCGs, NHS England, LAs, and other health providers, including private, independent, third sector and social enterprise organisations, including health contractors and sub-contractors.

What is the problem?

7. Theft of prescription forms and their consequent misuse is an area of concern for a number of reasons. A prescription form is an NHS asset that has a financial cost attached. Prescription forms should be treated as 'blank cheques' which, in the wrong hands, can lead to a misuse of NHS resources.
8. Stolen forms, or indeed whole pads, can be used to illegally obtain controlled drugs (CDs), as well as other medicines either for illegitimate personal use, which might lead to a clinical incident, or for the purpose of selling them on. The forms themselves are items of value which can be sold to a third party.
9. Prescription forms and prescription pads are very small items, easy to conceal and move and, given that they are often not considered valuable items as such, storage and access arrangements may not be at the forefront of people's minds. Assistance with the secure management of prescriptions can be found in this guidance document.
10. There are already a number of security measures that have been built into prescription forms to prevent theft and fraudulent use. However, these are rendered less effective if poor security measures overall allow theft of the forms in the first instance.
11. The effective management of prescription forms, for example 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 security-aware staff who treat prescription forms as items of value and manage their use effectively.
12. Cases of fraud and theft involving prescription forms are not always complex or on a large scale, for example, the theft of prescription forms can also occur from a prescriber's bag, car or home.
13. The introduction of the electronic prescription service (EPS), including the introduction of computer-generated tokens may make it more difficult for people to alter legitimate prescriptions. Within the EPS service there are two types of tokens that replace the prescription form, the prescription token which is overprinted on the current FP10SS⁴ prescription by the GP prescribing systems and the dispensing token (FP10DT) which is similar to the current prescription forms but is white in colour. Both tokens include a bar code on them when they have been overprinted by the prescribing system. The bar code is the unique identifier for the prescription

⁴ Please note that the FP10 prescription form is protected by Crown copyright, therefore any use of the image on an artist's impression of same would need to be authorised by DH.

within the EPS service. This is but one of the security measures built into the forms to prevent any attempts at fraudulent use.

14. To assist in 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. It should be used as an aid in the development, revision or enhancement of local protocols and procedures to guard against fraudulent activity. Such measures should reflect the local needs of staff and the environments in which they work.

NHS Protect

15. NHS Protect⁵ is the organisation with policy and operational responsibility for tackling crime affecting the NHS, including criminal damage and theft of NHS property and assets. NHS Protect has five strategic aims⁶:
 - To provide national leadership for all NHS anti-crime work by applying an approach that is strategic, co-ordinated, intelligence-led and evidence based.
 - To work in partnership with the Department of Health, commissioners and providers, as well as our key stakeholders, such as the police, the Crown Prosecution Service (CPS), local authorities and professional organisations such as the National Fraud Authority and the Cabinet Office Counter Fraud Task Force, to coordinate the delivery of our work and to take action against those who commit offences against the NHS.
 - To establish a safe and secure environment that has systems and policies in place to: protect NHS staff from violence, harassment and abuse; safeguard NHS property and assets from theft, misappropriation or criminal damage; and protect resources from fraud, bribery and corruption.
 - To lead, within a clear professional and ethical framework, investigations into serious, organised and/or complex financial irregularities and losses which give rise to suspicions of fraud, bribery or corruption.
 - To quality assure the delivery of anti-crime work with stakeholders to ensure the highest standard is consistently applied.
16. These aims are met by working in accordance with the three key principles, which underpin all anti-crime work in the NHS:

Inform and involve: keeping those who work for or use the NHS informed about crime and how to tackle it.

Prevent and Deter: to take away the opportunity for crime to occur or re-occur in the NHS and to discourage those individuals who may be tempted to commit crime.

Hold to account: those who have committed crime against the NHS. Crimes against the NHS must be detected and investigated, suspects prosecuted where appropriate, and redress sought where possible.
17. Historically, NHS organisations were required to put in place anti-crime arrangements to counter fraud and manage security under Secretary of State Directions. The recent reforms in the health sector, and the passing of the Health

⁵ As stated previously, NHS Protect is the operating name of the NHS Counter Fraud and Security Management Service.

⁶ See http://www.nhsbsa.nhs.uk/Documents/CounterFraud/NHS_Protect_Strategy.pdf

and Social Care Act 2012, mean that most matters related to providers, including anti-crime activity, will now be managed via the Standard Commissioning Contract, rather than via Secretary of State Directions.

18. Instead of the Department of Health directing NHS hospitals, it will be the responsibility of commissioning organisations like NHS England or a CCG, to ensure that the providers with which they have entered into contracts, fulfil their contractual obligations. The contract contains mandatory clauses around the anti-crime arrangements that providers are expected to put in place.

The Local Security Management Specialist and Local Counter Fraud Specialist roles

19. Historically, anti-crime work in the NHS has relied on the bespoke roles of Local Security Management Specialist (LSMS) and Local Counter Fraud Specialist (LCFS), roles that were developed specifically for the NHS environment. How these roles will fit within the reformed health sector is still under consideration.
20. As part of the interim nature of this guidance which is in response to the still evolving nature of the UK health sector, we acknowledge that not all organisations to which this guidance will apply will have the LSMS or LCFS role in their organisation. In such cases it is important that organisations designate a member of staff at the appropriate grade or level of responsibility to assume overall responsibility for some or all of the functions of the LSMS/LCFS. The titles used for these roles will be 'nominated security management specialist' for the LSMS and 'nominated anti fraud specialist' for the LCFS.

NHS Standard Commissioning Contract

21. The NHS Standard Contract is available in its 2013/14 form from the NHS England at: <http://www.commissioningboard.nhs.uk/nhs-standard-contract/>.
22. The contract will be used by CCGs and NHS England when commissioning NHS funded services including acute, ambulance, care home, community-based, high secure and mental health and learning disability services.
23. All commissioning organisations will in the future contract with any qualified provider to provide services. Most providers will eventually be using the Standard Contract pending any existing older contracts coming to the end of their lifespan, with the exception being core services for primary medical, ophthalmic and dental care services, which are commissioned by individually negotiated contracts.

Organisational Crime Profile and NHS Protect standards⁷

24. Given that the commissioning contract applies to all providers: NHS, foundation trust, social enterprises and private healthcare companies irrespective of size, the clauses in the contract need to be applicable to everyone. The anti-crime clauses on fraud and security have therefore changed substantially, and rather than a prescriptive one-size-fits-all approach, that doesn't take into account the many types of providers in the reformed health sector, NHS Protect has adopted a risk based model, requiring each provider to carry out an internal crime profiling process, using NHS Protect's organisational crime profile toolkit. The toolkit will help providers confirm which anti-crime standards the organisation will be expected to meet as part of their contractual obligations.

⁷ See <http://www.nhsbsa.nhs.uk/3577.aspx> for information.

25. The standards have been developed to help support providers ensure they have appropriate security management arrangements in place within their organisation, to protect staff and patients; and to ensure NHS assets are kept safe and secure. It is the responsibility of the organisation as a whole to ensure it meets the required standards although the responsibility for the implementation of a particular standard may be that of one or more departments, business units or individuals.
26. The specific standard applicable in the case of security of prescription forms can be found under 3.6.

Standard 3.6

The organisation has systems in place to protect all its assets from the point of procurement to the point of decommissioning or disposal.

The rationale for the standard is that protecting assets – in this case prescription forms - throughout their entire life-cycle – will assist the organisation in protecting itself from potential losses as a result of theft, loss or counterfeiting.

2. Management of prescription stock for organisations

Prescription form stock control

27. Organisations should maintain clear and unambiguous records on prescription stationery stock received and distributed. It would be preferable to use a computer system to aid reconciliation and audit.
28. The following information should be recorded on a stock control system in organisations:
 - what has been received, along with serial number data (the latter, which is now in bar code format and features on each box of FP10SS forms)
 - 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 prescription forms

29. Prescription forms, and other forms in the NHS print contract, can only be ordered through the company currently contracted for this purpose, Xerox (UK) Ltd.⁸ The contract includes both secure and non-secure print items. Each organisation wishing to order forms will need to nominate an individual to be registered and verified by the NHS print contract management team. Any changes in nomination, if for instance, an employee leaves, must be notified to the NHS print contract management team as soon as practicable.⁹
30. The responsibility for ordering prescription forms for GPs and practice based non medical prescribers is transferring from PCTs to NHS England area teams. Therefore GP practices will need to contact their area team to clarify the local arrangements. In many cases the family health services and primary care support agencies established by PCTs will become part of their area team. The contact person and the process may therefore remain the same as previously. Alternatively some area teams may commission other organisations to carry out these roles.
31. Organisations that have contracted with the area team must contact Xerox (UK) Ltd to obtain and return the necessary forms to confirm user, delivery, invoicing and access rights details to facilitate registration. Note that every contractor must have agreement from their commissioner to approach Xerox (UK) Ltd. Without prior registration, no forms can be ordered from Xerox (UK) Ltd.
32. The NHS England area team, or their contractor, will be responsible for the onwards secure delivery of the forms to the respective GP practice. It is the responsibility of the practice to ensure that the forms are held and managed according to the NHS Protect guidance set out in this document.

⁸ The registration process is described in annex I.

⁹ The contact details for the team can be found in annex J.

33. A hospital trust, wishing to have prescriptions dispensed by community pharmacies, can order the NHS prescription form directly by contacting Xerox (UK) Ltd to obtain a template to confirm user, delivery, invoicing and access rights details so they can be registered on the Xerox (UK) Ltd ordering system. Users must be registered before any forms can be ordered. With the commissioners' permission, non-hospital and non-GP sites can order the forms direct from Xerox (UK) Ltd and can have them delivered directly to them.
34. Where an organisation is commissioning services, they will decide if they or the provider will order and pay for the forms. Both Commissioning and Provider organisations are responsible for ensuring prescription forms are held and managed according to NHS Protect guidance.

Who can write prescriptions?

35. The following people can write NHS prescriptions¹⁰:
- general practitioners/doctors/GP locums
 - 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 or where the prescription is a private one. Prescribers working in hospital outpatient substance misuse 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)
 - pharmacist independent prescribers
 - physiotherapist independent prescribers
 - podiatrist independent prescribers
 - health visitors
 - supplementary prescribers – this is a term that can be applied to specific registered professionals: nurses, midwives, pharmacists, physiotherapists, radiographers, chiropodists/podiatrists and optometrists who have completed an approved education programme and are annotated on the relevant register as a supplementary prescriber. Nurses, physiotherapists and podiatrists can hold more than one qualification – e.g. as a nurse independent prescriber and as a supplementary prescriber. Supplementary prescribing involves working to a Clinical Management Plan (CMP) agreed with a doctor.

Checks required prior to issue of prescriptions

36. 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*'

¹⁰ It should be noted that only those who are providing services commissioned by NHS England, local authorities and CCGs are entitled to access the NHS prescriptions system.

as a recorded entry on the professional register. A pharmacist independent prescriber must be a registered pharmacist whose name is held on the register of the General Pharmaceutical Council (www.pharmacyregulation.org) with an annotation signifying that they have successfully completed an education and training programme accredited by the General Pharmaceutical Council and is qualified as a pharmacist independent prescriber.

37. Similarly, a pharmacist supplementary prescriber must be a registered pharmacist whose name is held on the register of the General Pharmaceutical Council (www.pharmacyregulation.org) with an annotation signifying that they have successfully completed an approved training programme for supplementary prescribing.
38. Physiotherapists, radiographers and chiropodists/podiatrists who are supplementary prescribers must be registered professionals with their name held on the relevant part of the Health and Care 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. Details of the approved training and registration requirements for optometrist independent prescribers can be found online.¹¹
39. Orders received by NHS England area teams 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 organisations should keep a full list of all of the prescribers employed by them and the items they can prescribe.

Below is a summary of the independent prescribers and the information that the relevant professional body will need to confirm:

Role	Professional body	Required annotations
Nurse practitioners (who have qualified as independent prescribers)	Nursing and Midwifery Council (NMC)	NMC statement of entry on the professional register.
Pharmacist independent prescriber	General Pharmaceutical Council (GPhC)	Annotation in the GPhC register confirming qualification as pharmacist independent prescriber.
Pharmacy supplementary prescriber	General Pharmaceutical Council (GPhC)	Annotation in the GPhC register, confirming successful completion of approved training programme for supplementary prescribing.
Physiotherapist; radiographers; chiropodist and	Health and Care Professions Council (HCPC)	Annotation in the relevant part of HCPC register, confirming successful completion of

¹¹ www.optical.org/goc/filemanager/root/site_assets/education_handbooks/ip_handbook_july_08.pdf

podiatrist supplementary prescribers		approved training programme for supplementary prescribing.
Optometrist supplementary prescriber	General Optical Council	Annotation in the register, confirming successful completion of approved training programme for supplementary prescribing.

Delivery

40. Xerox (UK) Ltd, the contracted secure printer for the NHS, prints the prescription forms and securely delivers them to agreed delivery points as identified by the ordering organisation. When arranging the deliveries with the supplier, organisations should ensure that designated staff are there to receive within a designated time-slot to enable same day follow-up of late deliveries. This will allow for any discrepancies to be highlighted quickly. Deliveries should be made in the appropriate secure transport. It is recommended that the distance between the delivery vehicle and the premises be as short as possible to minimise risk of theft or potential assaults on staff.
41. Where possible and appropriate, the delivery should be requested on a pallet¹², which reduces the risk of smaller individual items being misrouted, lost or stolen during transit. The receiving organisation should sign for the number of pallets delivered.
42. Unless it's unavoidable, unloading should not be done in a public area (e.g. reception area or public footpath). 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. Any discrepancies should be noted on the driver's delivery note, queried with the supplier and documented in the organisation's records.
43. Onward delivery of the forms to subsequent smaller sites, health centres and GP surgeries is the responsibility of the ordering organisation however similar security processes should be followed.

Receipt and storage

44. It is important to record delivered and stored prescription stock. 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.
45. Once the delivery has been checked, the boxes should be examined and as soon as practical the serial numbers checked against the delivery note. Bar coding is now used on all FP10SS prescription boxes. The bar code includes: the product code, quantity, box number, first and last serial number in the range. Details of the delivery should be recorded electronically and/or using paper records. The bar coding data can be easily scanned using an appropriate device directly into a suitable application such as Excel. A 'Bar Code Split' template is available on the 'help' tag of the NHS forms ordering website for registered users. This template

¹² A pallet is a portable platform for storing or moving goods that are stacked on it.

should be used in conjunction with the 'Bar Code Communication' also available on the 'help' tag. The blank template and communication document can be forwarded to the smaller sites to use for recording their prescriptions use.

46. If the forms do not arrive on the due date, within six working days from the date of the order being placed, the intended recipient should notify the suppliers of the missing prescription forms, so that enquiries can be made at an early stage. Further details on how to respond to suspected theft of prescription forms can be found in annexes B and C.
47. Deliveries of prescription form stock should be securely stored as soon as practicable and treated as controlled stationery. As a minimum, prescription forms should be kept in a locked cabinet within a lockable room or area.

Distribution

48. The container and vehicle in which prescription forms are transported by the receiving organisation to the smaller sites 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.
49. 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 to the ordering organisation, the driver or porter should sign for the consignment. The practice manager or equivalent 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. The key point is to ensure that there is a record of the internal distribution of prescription pads. In the primary care setting, if the delivery has not been scheduled, consideration should be given to notifying the recipient when to expect delivery.
50. The distribution of prescription forms to prescribers is the responsibility of the organisation. 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.
51. 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 organisation to avoid errors and to ensure that the master list detailing the names of prescribers and the number of prescriptions required is accurate.

Destruction and disposal

52. 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. The person responsible for the recovery and destruction of forms should be in a position of suitable seniority. This will require liaison within NHS England and subsequently NHS Business Services Authority Prescription Services (NHSBSA PS) to ensure the suppliers of the forms are aware of prescriber changes. In the

case of personalised forms, suppliers will reject order details that do not match the data supplied by the NHSBSA PS - for instance, if a GP has moved to another CCG area. 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, pharmacy department, human resources or ward/departmental managers to ensure that records are up-to-date.

53. 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.

Access and physical security

54. While security risks will vary depending on the building, environment and other external factors, there are a number of general security considerations which, if incorporated, can mitigate some threats. Organisations should undertake a risk assessment to identify potential location specific threats. Suitable physical security measures that address identified risks and are supported by a strong pro-security culture among staff provide further protection for prescription forms.

There are a range of physical security measures that add further protection alongside consistent and thorough policies and procedures, such as:

- CCTV
- alarms
- access control systems
- design features in the environment that adhere to Secured by Design principles¹³.

55. Other physical security measures that should be considered include (where applicable) windows barred with metal security grilles and doors equipped with appropriate security locks.
56. Access to the lockable room or area where prescription form stocks are kept should be restricted to authorised individuals. 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.

Security of computer systems

57. 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 for single sheet prescription forms (FP10SS/FP10MDASS) and prescription pads for hand written prescriptions, and

¹³ ACPO (Association of Chief Police Officers) 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.

electronic alternatives have the potential to reduce the number of lost or stolen forms.

58. It must be recognised that the single sheet forms are acceptable in handwritten form, so it is not advisable to leave the forms in printer trays when not in use or overnight.
59. 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 placing the printer in a secure part of the building, away from areas to which patients and the public have access.
60. 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.
61. All staff with 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 medicines ordered in their name.
62. 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 may only be unlocked when the password is re-entered.¹⁴

¹⁴ Users of Window based computers will find that they can lock their screens in one of two simple ways: holding down the CTRL, ALT and DELETE keys and then press ENTER; or while holding the Windows key (second from left, bottom row of keyboard) and press L.

3. Management of prescription forms for individual prescribers

Using prescription forms¹⁵

63. 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.
64. 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.
65. Any completed prescriptions should be stored in a locked drawer/cupboard. Patients, temporary staff and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored. 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.
66. Doctors', dentists' 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. GP practices can obtain pre-personalised prescriptions from the printing manufacturer and these should be used in preference over hand-stamped FP10SS prescription forms wherever possible.
67. 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.
68. 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.

Prescriptions for CDs

69. Prescribers should also ensure compliance with all the relevant legal requirements when writing prescriptions for CDs. This also applies to FP10MDA prescription forms (single sheet and personalised padded 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.

¹⁵ An indispensable tool for prescribers is the British National Formulary, which provides prescribers, pharmacists and other healthcare professionals with sound up-to-date information about the use of medicines. This can be found at <http://www.bnf.org/bnf/index.htm>

70. Pharmacists should be reminded that prescriptions requesting CDs must comply fully 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. All staff and prescribers should be made aware of these requirements, to ensure the relevant checks are conducted.

Private prescriptions for CDs

71. The Misuse of Drugs (Amendment No. 3) Regulations 2006 introduced the requirement for all private prescriptions containing schedule 2 and 3 CDs 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 CDs to be submitted to the relevant NHS agency from 1 September 2007.
72. Amendments to the Misuse of Drugs Regulations were laid before Parliament on 30th March 2012 and came into force on 23rd April 2012. The amendments relate to nurse and pharmacist independent prescribing, and mixing of CDs. These amendments were codified as The Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012.
73. The private prescription form FP10PCD (single sheet and personalised padded form) in England has been introduced for schedule 2 and 3 CDs and is available to all private prescribers of CDs for prescriptions which are to be dispensed by a community pharmacy only. The private CD prescription form can be dispensed by a registered community pharmacy and must contain the prescriber's identification number. The regulations came into force in 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, Schedule 2, and 3 will order their prescription forms through their designated NHS England area team, or the contractor providing this service for them. The area team or their contractor will be responsible for the onward secure delivery or collection of the forms. Therefore each private prescriber or their employing/hosting organisation will need to ensure their NHS England area team is aware that they issue private prescriptions for schedule 2 and 3 CDs. Forms must be held and managed as set out in this guidance document.
74. In 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.

75. Pharmacists are required to submit their private prescriptions which order schedule 2 and 3 CDs to the NHSBSA each month. This is so that the NHS can monitor the prescribing and supply of CDs, whether within the NHS or privately. CDAOs in area teams have now taken over the responsibility from PCTs to monitor private prescribers' use of schedule 2 and 3 CDs, using information from the NHSBSA and other information as appropriate. This information should be forwarded to the appropriate NHS England area team.
76. While an NHS prescription must be written or printed on an FP10 form, there is no mandatory form for a private prescription. In the case of CDs however the FP10PCD form should be used. Private prescriptions should be written on a sheet of the doctor's headed notepaper. However, a pharmacist can dispense medicines (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.
77. With effect from 2007 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. All staff and prescribers should be made aware of these requirements, to ensure that the relevant checks are conducted.

Duplicate and spoiled prescriptions

78. 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.
79. There may be reasons for a prescription to be deemed spoilt other than error. Rather than just destroying or returning these forms, best practice is to retain them securely for local auditing purposes for a short period before destruction.

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.

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

Home visits

80. 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 a 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.

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

GP visits to care homes

81. Blank or signed prescription forms should never be left at 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. Neither should the care home's 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

82. It is the locum GP's responsibility to use prescriptions on behalf of the senior partner of each practice that they work for. Alternatively, they can take blank FP10SS forms with them to write the medicine 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.
83. Surgeries should keep a record of prescription forms/pads issued to locums and a record of the care homes where they will issue prescriptions. 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.¹⁶

Out-of-hours service

84. 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 might be working.
85. 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.

Storage of prescription form stock by prescribers

86. Prescribers are responsible for the security of prescription forms once issued to them, and should ensure they are securely locked away when not in use. Where smaller amounts of prescription form stock is being centrally managed for example by a manager for a small team of prescribers, managers should ensure a process is in place to record relevant details in a stock control system, preferably using a

¹⁶ A template prescription log sheet can be found in annex H.

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.

87. 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.

4. Reporting and audit

What organisations can do to prevent theft and loss

88. The security of prescription forms is the responsibility of both the organisation and the prescriber. Action should be taken to prevent the theft and loss of prescription forms from occurring in the first instance by organisations and individuals being proactive. Prevention is the responsibility of everyone, which includes all prescribing and dispensing staff and non-prescribing staff who manage or administer prescription forms.
89. 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. 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 organisation's policies and procedures regarding the security of prescription forms by treating prescription forms as a valuable asset and securing them at all times.
90. All organisations 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.
91. In hospital trusts, the designated person may be the chief pharmacist. 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 organisation. However, there are some duties that will vary. For instance, within hospital trusts, the designated person should keep an account of the prescriptions used by the hospital's authorised prescribers (doctors, pharmacists, midwives and nurses). All independent and supplementary prescribers (including non-medical prescribers) should be made known to the designated person.
92. 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.

Audit trails

93. There should be an audit trail for prescription forms so that organisations know which serial numbered forms they have received and which have been issued to each prescriber. If a prescriber leaves the organisation (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 organisation to be destroyed in a secure manner and the organisation's computer software amended so that no further prescriptions can be issued bearing the details of the prescriber in question. The NHSBSA PS must also be advised of the changes using the

appropriate forms available from
www.nhsbsa.nhs.uk/PrescriptionServices/3879.aspx.

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

Missing or lost prescription forms

95. 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 then the matter should be escalated and reported. Any irregularities identified with prescription form stock should also be escalated in the event that it cannot be resolved by other means.

Reporting missing/lost/stolen NHS prescription forms

96. It is important that there are effective 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.
97. In the event of a loss or suspected theft of prescription form stock, the prescriber or staff member should notify the designated person with overall responsibility for prescription forms at the organisation, the controlled drugs accountable officer (CDAO) if applicable and the police as required. Hospital trusts/providers with a nominated security management specialist or 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. Monitoring and tracking of forms has been made easier through the introduction of bar codes with serial number data on the boxes containing the FP10SS prescription forms.
98. The Controlled Drugs (Supervision of Management and Use) Regulations 2013 (the 2013 Regulations) set out the requirements for health care providers assigned with 'designated body' status to appoint a CDAO, who is responsible for all aspects of the safe and secure management and use of CDs in their organisation. The NHS Commissioning Board (NHSCB)¹⁷ CDAOs are responsible for establishing CD Local Intelligence Networks (CDLINs) in the commissioning board for information sharing with NHS and other agencies. Prescription form losses should be shared with the CDLIN. Therefore it is important for the LSMS or nominated equivalent to establish a good working relationship with the CDAO and to participate in the CDLIN meetings.
99. CCGs and LAs are not required to appoint a CDAO as they are commissioners of services however, under Regulation 6 of the 2013 Regulations they are obliged to co-operate with the lead NHSCB CDAO. Organisations that are not required to have a CDAO should report controlled drugs concerns to the lead CDAO of their area team, whose contact details can be found on the CDAO register on CQC's website.¹⁸
100. The matter should also be recorded as a security incident on the organisation'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 emailed to NHS Protect at prescription@nhsprotect.gsi.gov.uk to notify them of the incident. The completed form may be submitted either by

¹⁷ When referring to Regulations, the name of the legal entity (NHSCB) should be used, not the brand name, NHS England.

¹⁸ For more info on CDAOs and the process for notifying the CQC please see link: <http://www.cqc.org.uk/organisations-we-regulate/special-reviews-and-inspection-programmes/controlled-drugs/controlled-drug>

organisation staff or the LSMS. If completed by organisation staff, it should be forwarded to the organisation's designated individual, nominated security specialist or LSMS to be submitted to NHS Protect. This is to ensure that they are aware of the incident and can initiate an investigation if required.

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 designated individual, nominated security specialist or LSMS (if applicable) to whom the incident has been reported.

101. The prescriber whose stock has gone missing should be instructed to write and sign all newly issued prescription forms in a particular colour for a period of two months. The organisation should inform all pharmacies in the area and adjacent CCGs 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.
102. 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 organisations and their staff to take in the event of lost, stolen or missing forms are outlined further in annex C.

Alerts

103. Depending on the circumstances, the organisation may circulate a national or regional alert (via NHS Protect) about the incident involving the security of prescription forms. The specific standard applicable in the case of issuing a national or regional alert can be found under 3.3
www.nhsbsa.nhs.uk/Documents/SecurityManagement/Standards_for_providers_2013-14_-_Security_management.pdf

Standard 3.3

The organisation issues national and regional NHS Protect alerts to relevant staff and action is taken to raise awareness of security risks and incidents. The process is controlled, monitored reviewed and evaluated.

104. NHS Protect issues alerts to keep NHS organisations informed of an immediate potential security risk or threat involving the theft or loss of prescription pads. Organisations 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 organisations and local pharmacies. It is the responsibility of the organisation to ensure alerts are circulated to all relevant staff, so appropriate and immediate action can be taken to reduce the organisation's exposure to the risk or threat.

105. It is also important that organisations inform all pharmacies in their area and adjacent NHS England area teams 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.
106. 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.
107. If an alert is sent out, (where applicable) the organisation's LCFS must be included on the distribution list. The LCFS should be notified to ensure that necessary information is shared within the organisation and neighbouring ones to help detect the use of missing or stolen forms.
108. 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.

Verifying prescriptions¹⁹

109. The theft of prescription forms and the unlawful obtaining and misuse of prescription medicines 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.
110. Pharmacists in particular should be alert to the possibility of forged and stolen prescriptions being presented in order to obtain medicines. Pharmacists should try to verify all prescriptions for medicines liable to misuse, not only for CDs. Unusual or expensive items and large doses or quantities should always be checked with the prescriber to ensure that the prescription is genuine. This includes making call-backs on all phoned-in emergency prescriptions and checking doctors' names and phone numbers. Pharmacists should also keep a file of doctors in their local area, with contact information and sample signatures. If a prescription form is suspected of having been stolen, the matter should be reported immediately. However, under no circumstances should staff compromise their safety.
111. All organisations 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

112. 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. If

¹⁹ An additional resource is the pharmaceutical penalty charge, which places an obligation on pharmacists to request evidence of entitlement from those claiming exemption from prescription charges. If the patient is unable to supply such evidence, pharmacists are asked to mark the relevant forms as 'evidence not seen' so that the forms can be targeted in post dispensing checks. Details can be found at http://www.nhsbsa.nhs.uk/DentalServices/Documents/penalty_guidance.pdf

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

Further guidance on forged prescriptions is available from the GPhC at www.pharmacyregulation.org.

5. Investigation and sanctions

Investigations

113. The level of investigation of missing/lost/stolen prescription forms will depend on the nature of the incident. However, organisations 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 NHS Protect standard:

Standard 4.2

The organisation has arrangements in place to ensure that allegations of violence, theft and criminal damage are investigated in a timely and proportionate manner and these arrangements are monitored, reviewed and evaluated.

114. 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.
115. 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 designated individual, CDAO and police. Where applicable, the LSMS or nominated security management specialist should also be informed. Annex C gives a more detailed breakdown of the types of incident involving prescription forms and the actions staff should take in response.
116. In the event of misuse, or suspected misuse, immediate contact should be made with the police and the CDAO. Under the Controlled Drugs (Supervision of Management and Use) Regulations 2013, the CDAO has responsibility for investigating concerns and incidents related to CDs. Additionally, CDAOs must ensure that their contractors, such as GP practices and pharmacies, have appropriate arrangements in place.
117. Under the regulations, the CDAO 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 (where applicable) that the LSMS should take forward the investigation, they should take charge of the investigation, seeking advice from the CDAO, chief pharmacist/head of medicines management and LCFS or nominated anti-fraud specialist (where applicable) as appropriate.
118. 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. Fraud is investigated by LCFSs with recourse to police powers where necessary. However LSMSs and LCFSs must carry out investigations according to guidance given in the relevant manual²⁰.
119. All incidents involving lost/missing/stolen prescription forms, irrespective of whether the police are pursuing sanctions against the offender, should be reported to the LSMS/LCFS or nominated equivalent (where applicable) as appropriate, who should conduct an 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,

²⁰ 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.

prevention or detection. Investigations conducted by the LSMS/LCFS are undertaken in accordance with the relevant legislation and will support and not hinder any subsequent police investigation/involvement. 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, organisation management, LSMS and LCFS in an investigation.

120. 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.
121. Staff should be encouraged to report all incidents, as this allows for proper investigation by the relevant authority 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 to be taken in the areas of pro-security culture, deterrence and prevention, to allow solutions to be developed.

Sanctions

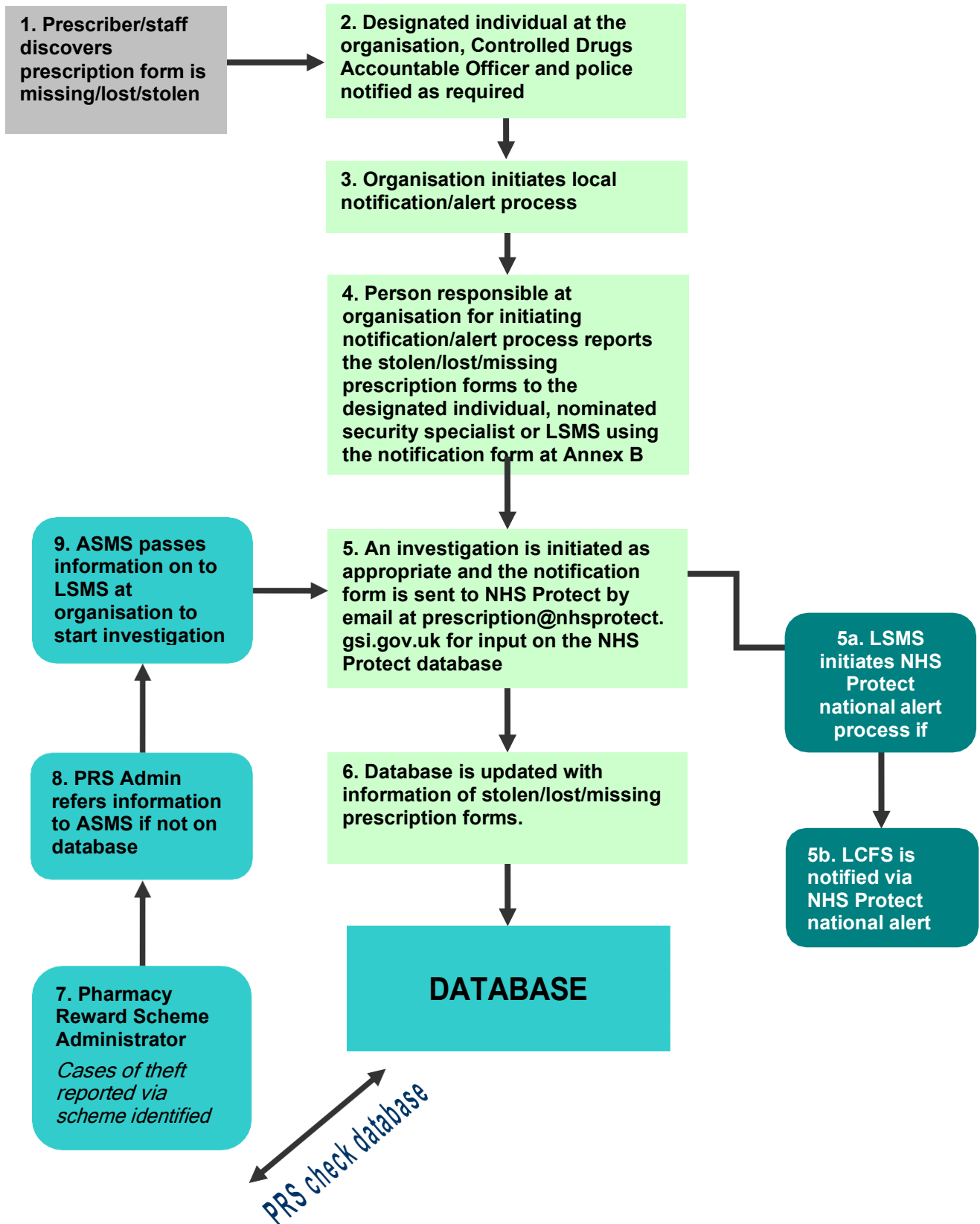
122. There is a range of sanctions which can be taken against individuals (or groups) who steal NHS property such as prescription forms. These range from disciplinary action to civil and criminal legal proceedings. Advice, guidance and support on the range of sanctions that are available to deal with offenders can be obtained from staff at the NHS Protect Legal Protection Unit (LPU). LPU can be reached through our general enquiries email: generalenquiries@nhsprotect.gsi.gov.uk, or the general switchboard: 020 7895 4500.
123. Theft of prescription forms should always be investigated, 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.

Post incident review

124. 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. Where applicable, the designated person, LSMS, the CDAO, and, depending on the circumstances, the LCFS or nominated equivalent, should be involved in this review. This in-depth review requires an analysis of the incident, and the following factors should be considered:
125. 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 organisation to avert or better manage similar situations.
126. The severity of the incident: This refers to the impact the incident has on individuals involved, the organisation and the local health economy. 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 non prescribed medicines, such as CDs, using stolen prescriptions require medical attention.

127. The loss to the organisation: In terms of human and financial cost, these 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 organisation.
128. 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.
129. The clinical impact: There may be a clinical incident as a result of an individual ingesting medicines that were illegitimately obtained using stolen prescriptions.
130. The actions of staff: Individuals and/or staff groups involved and their actions may have had impact on or 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.
131. A review of all measures in place to secure prescription forms: this may, include 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.
132. A risk measurement exercise: This should identify areas of potential risk or trends so that preventative measures can be developed and implemented in advance.
133. It is good practice to undertake a review of security measures in place following an incident where a security breach or weakness has been identified. It is also important that regular reviews of prescription administration and use by staff are undertaken.

Missing/lost/stolen prescription form flowchart



	FP10PN	Lilac		
	FP10CDF	Buff/pale yellow		
	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@nhsprotect.gsi.gov.uk

Incident response

NATURE OF INCIDENT	WHO SHOULD BE CONTACTED?
<ul style="list-style-type: none"> Discrepancy in prescription forms ordered and received. 	<p>Contact supplier Ask the driver to remain on-site while the supplier is contacted.</p>
<ul style="list-style-type: none"> Following enquiries with the supplier, if discrepancy in prescription forms ordered and received cannot be accounted for, and forms are still missing. 	<p>Notify the designated person with overall responsibility for prescription forms at the organisation, the CDAO, LSMS or nominated security management specialist and police as required. Report the matter using the organisation's incident reporting system.</p> <p>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 Protect database using the appropriate notification form.</p>
<ul style="list-style-type: none"> If prescription forms are lost through negligence or by accident. 	<p>Notify the designated person with overall responsibility for prescription forms at the organisation, the CDAO, LSMS and police as required. Report the matter using the organisation's incident reporting system</p> <p>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 Protect database using the appropriate notification form.</p>
<ul style="list-style-type: none"> If prescription forms are stolen. 	<p>Contact the police and report the matter using the organisation's incident reporting system. Notify the CDAO and LSMS or nominated equivalent.</p> <p>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 Protect database using the appropriate notification form.</p>

<ul style="list-style-type: none"> If it is suspected that a presented prescription form is forged. 	<p>Check with Prescriber then, if appropriate, notify the CDAO, police and contact NHS Protect via the NHS Fraud & Corruption Reporting Line 0800 028 40 60. Pharmacists may also wish to call the Pharmacy Reward Scheme on 0800 068 6161 (see Annex E).</p>
<ul style="list-style-type: none"> If it is suspected that prescription forms are being misused. 	<p>Check with Prescriber then, if appropriate, contact NHS Protect on 0800 028 40 60; contact the police and notify the CDAO.</p>

Key responsibilities in incident investigation

<p>Individual identifying loss of forms</p> <p>(e.g. Prescriber, Manager, person taking receipt of delivery) responsibilities</p>	<ul style="list-style-type: none"> 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.
<p>Organisation responsibilities</p>	<ul style="list-style-type: none"> Ensure matter is reported immediately to the supplier/police/CDAO/LSMS/LCFS/Organisation as appropriate. Ensure a Missing/lost/stolen NHS prescription form(s) notification form is completed and submitted to the LSMS or nominated security management specialist (see annex B). Ensure incident form has been completed. Following the reported loss of a prescription form, the organisation will normally inform a prescriber to write and sign all prescriptions in a particular colour (normally red) for a period of two months. The organisation will inform all pharmacies in their area and adjacent CCGs/NHS England local area teams 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 organisation should take necessary action to minimise the abuse of the forms taken.
<p>The Local Security Management Specialist's responsibilities include:</p>	<p>THEFT OF PRESCRIPTION FORMS (or lost or missing)</p> <ul style="list-style-type: none"> Ensure matter has been reported to the police and CDAO and determine action taken/required. Ensure incident form has been completed on organisation'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.

	<ul style="list-style-type: none"> • Ensure a completed Missing/lost/stolen NHS prescription form(s) notification form is submitted to the NHS Protect national database. • Liaise with/notify the LCFS or nominated anti fraud specialist as required. • If legal advice is required, contact the NHS Protect Legal Protection Unit. • The relevant NHS Protect Area Security Management Specialist can also provide support and advice.
<p>The Local Counter Fraud Specialist's responsibilities include:</p>	<p>FRAUD/CORRUPTION</p> <p>FORGERY OR MISUSE OF PRESCRIPTION FORMS</p> <ul style="list-style-type: none"> • Ensure matter has been reported to the police and determine action taken. Ensure incident form has been completed on organisation'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 or nominated equivalent should inform all the appropriate staff. • Investigate cases of specific FRAUD/CORRUPTION using police powers where appropriate. • Report investigations to the director of finance. • Refer to NHS Protect all cases of FRAUD/CORRUPTION appropriate to them. • Inform NHS Protect 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 NHS Protect, audit committee, internal and external audit. • Liaise/notify the LSMS or nominated equivalent as required.

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 NHS England and the police immediately. A claim can then be made by contacting the NHS Protect, 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 NHS England 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 NHS Protect 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 NHS England local area team without putting themselves or other staff in danger.

Best practice guidance for prescription form security

1. **Develop a prescription security awareness culture.** Many health care staff, 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 organisations 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 organisations 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 by NHS England area teams from GP practices should be checked against prescribers' current details and status and verified against the order.** All organisations 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 the prescription form suppliers to NHS England area teams (or designated agency) 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 CDAO and LSMS and/or LCFS or nominated equivalents 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. The police controlled drugs liaison officer (CDLO) should also be notified.

9. **Two staff from the organisation 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 NHS England and other organisations (e.g. to GP practices, nurse/pharmacist prescribers) should be by internal courier and only handed over against when signed for.**
11. **All organisations should adopt and implement similar security policies and procedures to those used by NHS England.** 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 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. **Spoiled or cancelled prescription forms should be retained for audit purposes.**
17. **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.nhsbsa.nhs.uk/Protect.aspx

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, phone call 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 organisation/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.

Examples of good practice already in use by organisations

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

Process for registering for access to order forms²¹

Xerox (UK) Ltd will require confirmation that all organisations have been authorised by their NHS or local authority commissioner.

1. Organisations must contact Xerox (UK) Ltd to obtain a template to confirm user, delivery, invoicing and access rights details so they can be registered on the Xerox system. Users must be registered before any forms can be ordered by them.
2. At least one user must be identified as a “Reports User” as only they will be allowed to add or change user and delivery details. The remaining users will only be allowed to place orders.
3. Users who are entitled to order secure prescription forms should be annotated as requiring “Secure Catalogue Access” on the Xerox registration template.
4. It is acknowledged that the “Reports User” may not actually order forms but they should hold a position of authority where they have sufficient responsibility and autonomy to make these decisions.
5. The completed templates should then be sent to **nhsorders@xerox.com**
6. Xerox (UK) Ltd or the NHS Contract Management Team may subsequently contact the Commissioning or Provider organisation if anything needs to be clarified as part of the verification process.
7. When the users have been registered on the Xerox system, Xerox (UK) Ltd will email each user providing a link to the ordering web site and details of the next steps.

Transitional arrangements – important information

Where prescribers use their IT systems to print details on the prescriptions they need to ensure they comply with the requirements for overprinting of NHS prescription forms. The overprint specifications can be found at **www.nhsbsa.nhs.uk/PrescriptionServices/938.aspx**

Pre printed personalised prescription forms used by certain groups as listed below will need to be reordered with the relevant new organisational codes for each prescriber, supplies of old form should be destroyed securely.

- community nurses with the identifier CN
- where a cost centre is set up with a new code, or
- where the transfer of the service leads to a different phone number or address.

The organisation responsible for ordering NHS prescription forms must also inform NHS Prescription Services about prescribers and their cost centres.

²¹ This is an extract from 'NHS and LA Reforms Factsheet' 1 March 2013 v1.0. For the latest version, please see http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/PrescriptionServices/NHS_Reforms_factsheet_1_v1.0.pdf

Useful contacts

NHS Protect

Fourth Floor, Skipton House,
80 London Road, London, SE1 6LH

Telephone: 020 7895 4500

Email: generalenquiries@nhsprotect.gsi.gov.uk

Web: www.nhsbsa.nhs.uk/Protect.aspx

NHS Fraud and Corruption Reporting Line

0800 028 40 60

NHS Pharmacy Reward Scheme

0800 068 6161

NHS Print Contract Management Team

nhs.print@nhs.net

Prescription form suppliers

Xerox (UK) Ltd

Customer service

Telephone: 0300 123 0849

Email: nhsorders@xerox.com