

Management and control of prescription forms

A guide for prescribers and health organisations

August 2025

Version: 2.0

**Working together, to find,
report and stop NHS fraud**

Report NHS fraud

0800 028 4060

www.cfa.nhs.uk/reportfraud



Version control

Version	Name	Date	Comment
1.0	Fraud Prevention team	March 2018	
2.0	Fraud Prevention Team	August 2025	

Table of contents

1. Introduction.....	4
2. Paper and Electronic Prescriptions.....	4
3. What do we mean by fraud?	5
4. Who can write prescriptions	6
5. How to manage prescriptions in organisations	8
6. How to manage prescriptions for individual prescribers	12
7. E-Prescriptions for prescribers.....	16
8. Preventative security measures and mitigation of risk	18
9. Investigation and learnings.....	26
10. Annex A – Incident response table.....	28
11. Annex B – Key responsibilities in incident investigation.....	30
12. Annex C – Instructions for completion of a suggested prescription form register	32
13. Annex D – Examples of good practice already in use by organisations	34
14. Annex E – Process for registering for access to order forms.....	37

1. Introduction

- 1.1 The purpose of this document is to assist health organisations and health professionals with the effective and safe management, storage, distribution and usage of prescription forms, by recommending and outlining **good practice** solutions to the various issues around prescriptions form management. The guidance has been developed to support all types of commissioners and providers who are authorised to order prescription form stock.¹ This document also covers information in relation to e-prescriptions.
- 1.2 The fraudulent use of prescription forms can cause financial loss to the NHS as well as harm to people who use drugs obtained illegally. It is therefore important to safely manage, store and distribute both paper and e-prescriptions in order to mitigate against the risk of fraud.

Who might find the guidance useful?

- 1.3 This guidance is intended for the following roles in all settings:
- Medical and non-medical prescribers of medicines (including contractors, agency, locum staff and Allied Health Professionals (AHP))
 - dentists
 - pharmacists and dispensing staff
 - heads of medicines optimisation staff who manage and administer prescription forms
 - Controlled Drugs Accountable Officers (CDAOs)
 - Local Counter Fraud Specialists (LCFSs) and
 - those responsible of security at the organisation.

2. Paper and Electronic Prescriptions

- 2.1 Paper prescriptions are purchased by organisations commissioned to deliver NHS care, including Hospital Trusts and are distributed free of charge to medical and non-medical prescribers, NHS dentists and other organisations as required. Although we are not used to thinking about prescription forms in this way, a prescription form is an asset that has a financial value. It is in effect a blank cheque open to potential misuse. Theft of prescription forms and their resulting fraudulent misuse, potentially involving third parties, is a serious concern.
- 2.2 The [Electronic prescription service \(EPS\)](#) is for prescribers and dispensers and is used in primary, secondary and community care. This system allows prescribers to send prescriptions electronically to a dispenser (such as a community pharmacy) of

¹ This would include Primary Care Support England (PCSE), Integrated Care Boards (ICBs), Local Authorities (LAs) and NHS hospital trusts.

the patient's choice. EPS supports the NHS England commitment to [Digital first primary care](#), reducing the need for patients to attend practices in person to order or collect repeat prescriptions. EPS will remove the need for most paper prescriptions. It is quick, easy and saves time and money for the NHS and could save millions of pounds that could be re-invested in patient care.

2.3 EPS is:

- already widely used in primary care with over 95% of all prescriptions in England now being produced electronically
- not a clinical prescribing system. It is only responsible for managing the workflow of prescriptions from prescribers to dispensers
- not strictly mandated, but it is strongly recommended for use by prescribing and dispensing services.²

3. What do we mean by fraud?

3.1 Prescription forms have an obvious value to the patient, but they also have a financial value to the NHS since the costs of the medicines prescribed are met by the NHS and the medicines have a resale value. Prescription forms in the wrong hands are blank cheques with a high street value. In the wrong hands, prescription forms or whole prescription pads can be used fraudulently to obtain Controlled Drugs (CDs) and other high-value medicines either for illegitimate personal use, or for the purpose of selling them on. Blank prescription forms can also be resold, as they can be items of value for third parties.

3.2 The legal definition of fraud involves a dishonest act, when used in the context of prescriptions, we take it to include (this list is not exhaustive):

- Forgery or counterfeiting a prescription form
- Making amendments to a legitimate prescription form by changing quantities/dosages
- Impersonating an individual to collect their prescription
- Writing a prescription for fake patients
- Using a legitimate but stolen blank prescription form to obtain medicines and CDs.

3.3 A forged or fraudulent prescription can be a genuine prescriptions form which:

- has been stolen
- has been altered by someone other than an authorised prescriber (for example to increase the quantity or dose, or to add additional items)
- is not signed by an authorised prescriber (in error rather than as part of an attempt at fraud)

² [Electronic Prescription Service - NHS England Digital](#)

4. Who can write prescriptions

4.1 The following people can write NHS prescriptions³:

- general practitioners/doctors/GP locums – can prescribe for their NHS patients
- hospital prescribers – can prescribe medication to be dispensed in community pharmacies.
- dentists – can prescribe for their NHS patients
- nurse practitioners who have qualified as independent prescribers; including community practitioner nurser prescribers and nurse independent prescribers (formerly known as extended formulary nurse prescribers)
- other independent prescribers (such as pharmacists, physiotherapist, chiropodist/podiatrist, optometrist, paramedic, radiographer, nutritionist)
- health visitors
- supplementary prescribers – this is a term that can be applied to specific registered professionals: nurses, midwives, pharmacists, physiotherapists, radiographers, chiropodists/podiatrists, dieticians and optometrists who have completed an approved education programme
- and are annotated on the relevant register as a supplementary prescriber.

Checks required before issuing prescription

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

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 completion of an education and training programme accredited by the GPhC and confirming qualification as pharmacist independent prescriber.

³ It should be noted that only those who are providing services commissioned by NHS England, local authorities and ICBs are entitled to access the NHS prescriptions system.

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 podiatrist supplementary prescribers; occupational therapists (under certain conditions)	Health and Care Professions Council (HCPC)	Annotation in the relevant part of HCPC register, confirming successful completion of 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. Details of the approved training and registration requirements for optometrist independent prescribers can be found online. ⁴

- 4.3 Orders received by Primary Care Support England (PCSE) 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.

⁴ [Further qualifications - College of Optometrists](#)

5. How to manage prescriptions in organisations

Ordering prescriptions

- 5.1 Prescription forms can only be ordered through the company contracted for this: Xerox (UK) Ltd.⁵ Each organisation wishing to order forms will need to nominate an individual independent of the prescribing and medicines process to be registered with and verified by the NHS print contract management team. Any changes in nomination must be notified to the NHS print contract management team as soon as practicable.⁶
- 5.2 PCSE have the responsibility for ordering prescription forms for GPs and practice based non-medical prescribers, and for the onward secure delivery of the forms to the respective GP practices. The contact details for this service are pcse.enquiries@nhs.net or 0333 0142884. PCSE are also responsible for ordering FP10DT EPS Dispensing Tokens for Pharmacy Contractors.

Receipt of delivery and storage

- 5.3 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.
- 5.4 Please see the table below for managing prescription forms on delivery:

Steps	Information
After placing an order with the supplier	Organisations should ensure that there is a designated staff member available, e.g. a receptionist, to receive the parcel from the delivery driver. The driver's handheld device records the name, date, time, photo of drop-off and GPS location.

⁵ The registration process is described in annex E.

⁶ The contact details of the team can be found in annex F.

**Storage of
prescription forms**

- Should be securely stored as soon as practicable and treated as controlled stationery. They should not be left unattended or unsupervised.
- Should be kept in a locked cabinet within a lockable room or area with access limited only to those authorised to do so.
- FP10s and CDs should be stored separately.

⁷ The bar code includes: the product code, quantity, box number, first and last serial number in the range.

- 5.5 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 Annex A.
- 5.6 If there are any irregularities at delivery stage or missing forms cannot be accounted for, etc, the organisation must contact the supplier via nhsorders@xerox.com to report and escalate the matter.

Prescription form stock control

- 5.7 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. The following information should be recorded on a stock control system in organisations:
- Date of delivery
 - Name of person accepting delivery
 - what has been received, along with serial number data (the latter 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
 - who issued the prescription 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 in accordance with local document and retention policies).
- 5.8 Any irregularities identified with prescription form stock during regular work activity or stock checks should also be escalated in the event that it cannot be resolved by other means.

Distribution and onward delivery

- 5.9 The container and vehicle in which prescription forms are transported by the receiving organisation to the smaller sites/hubs should be sealed and locked 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.

- 5.10 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, or delegated staff, should sign and use the practice stamp 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.
- 5.11 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 (see Figure 1 below). 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.

The image shows a standard NHS prescription form. It includes fields for 'Practice Stamp', 'Age', 'Title, Postname, Surname & Address', 'Prescriber's Name', 'Number of days treatment', 'NHS Number', and 'Signature of Prescriber'. A large grid of boxes is provided for listing medications. At the bottom left is the NHS logo, and at the bottom right, the serial number '54978629980' is circled in red, with the form code 'FP1055 0608' printed next to it.

Figure 1: Prescription form with serial number and check digit highlighted

Destruction and disposal

- 5.12 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 ICB 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.
- 5.13 Prescription 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 in accordance with local record and retention policies.

6. How to manage prescriptions for individual prescribers

Using prescription forms⁸

- 6.1 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.
- 6.2 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 or unlocked

⁸ An indispensable tool for prescribers is the [British National Formulary](#), which provides up-to-date information about the use of medicines. The [National Institute for Health and Care Excellence \(NICE\)](#) also provides information on the selection, prescribing, dispensing and administration of medicine.

printer trays. Prescription forms are less likely to be stolen from (locked) secure cupboards.

- 6.3 Any completed prescriptions should be stored in a locked drawer/cupboard. Patients, temporary staff, visitors or members of staff unauthorised to access prescription forms should never be left alone with prescription forms or allowed into secure areas where forms are stored.
- 6.4 Completed prescriptions 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.
- 6.5 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.
- 6.6 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 sometimes indicates the date the prescription was dispensed as well as the name of the pharmacy. This may help to identify by whom (i.e. by which pharmacy) and when (i.e. the date) a prescription was dispensed.
- 6.7 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 controlled drugs

- 6.8 Prescribers must comply 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.
- 6.9 Further information on CDs can be found on the NICE and NHSBSA websites.⁹
- 6.10 Sending CDs electronically reduces the administrative burden on both GP practices and pharmacy staff.

⁹ [What drugs and how many days supply can be prescribed on an FP10MDA form in England? · Customer Self-Service, Recommendations | Controlled drugs: safe use and management | Guidance | NICE](#)

Private prescriptions for controlled drugs

- 6.11 Prescribers who issue private prescriptions have been allocated a unique six- digit prescriber code which is different from their NHS prescriber code. Therefore, prescribers who operate in the NHS as well as privately have at least two separate codes (one for private prescribing and one or more for NHS). Some services, such as hospices, where prescribers share a prescription pad, each prescriber must have their own individual private prescribers' code which they can obtain from their local NHS England Area Team. This code or pin must be used on the FP10PCD by the prescriber completing the prescription form. 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.
- 6.12 Pharmacists are required to submit their private prescriptions for 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 monitors 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.
- 6.13 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 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.

Home visits

- 6.14 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 and kept out of site during home visits until they are needed. 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 to minimise the potential loss.
- 6.15 Prescribers of private CDs using the FP10PCD forms should exercise extra caution as there is greater potential for misuse of these forms.

Storing prescription forms in vehicles

- 6.16 Storing prescription forms in vehicles whilst working in the community is not without risk, as there have been reported incidents of community staff having their vehicles

broken into and prescription pads being stolen. In many of these cases, staff were unable to advise how many prescriptions were lost, as they had not made a note of serial numbers nor followed recommended advice to limit the number of prescription forms being carried.

- 6.17 Prescription forms should not be left in plain sight 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. Prescriptions should never be left in a vehicle overnight.

GP visits to care homes

- 6.18 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

- 6.19 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.
- 6.20 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.¹⁰

A&E and other multi-prescriber settings

- 6.21 In addition to the above section, which applies to a GP setting, extra precautions need to be undertaken in areas where several prescribers might be working and sharing a prescription pad, such as in A&E. These include, but are not limited to:
- named individual/manager/responsible person with oversight of prescription forms within the department/area
 - standard operating procedure (SOP) in place for management and use of prescription forms specific to the area/department

¹⁰ A template prescription log sheet can be found in annex H.

- keeping a record of prescription pad/s currently in use
- up to date record of permitted prescribers which holds their contact information and details of where and when they work
- not leaving the prescription pads unsupervised in public/patient areas
- not leaving the prescription pads in patients' notes
- ensuring that prescription pads are secure when not in use

Hospitals and hospices

- 6.22 In hospitals and hospices, prescribers commonly use a shared pad and usually the prescriber code is specific to the site where several prescribers are working rather than an individual. There is also the added potential for difficulty in tracing the prescriber if the doctor is a locum and/or only works intermittently – for example, at weekends. Hospitals should keep a record of permitted prescribers which holds their contact information and details of where and when they work.
- 6.23 In these settings other forms such as hospital discharge /in-patient forms which are also used to prescribe medicines dispensed within hospital pharmacies should also be closely monitored and controlled. These may differ markedly from FP10s and could consist of a simple sheet of A4, so vigilance is needed.

Out-of-hours service

- 6.24 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.

Managing prescription form stock

- 6.25 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 computer system to aid reconciliation and audit trailing. A stock control system should be maintained. Please see section 5.11 for more information.

7. E-Prescriptions for prescribers

- 7.1 The Electronic Prescription Service (EPS) allows prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.¹¹ The level of EPS functionality currently available will depend on what system the organisation uses.

¹¹ [Electronic Prescription Service in secondary care - NHS England Digital](#)

- 7.2 For a list of approved care setting that can use EPS, including primary, secondary and community care settings, please visit the following page: [Enabling EPS for your service - NHS England Digital](#).

Using EPS

- 7.3 Patients that use EPS can choose where their prescriptions are sent to - this is called nomination. A patient's nominated dispenser is set on the patient's demographic service (PDS). Patients must be fully informed about EPS before their nomination can be set on the system. EPS will enable patients to have their prescription sent electronically to their nominated community and online pharmacies via EPS; both within primary and secondary care.
- 7.4 EPS prescriptions are digitally signed by the prescriber using their smartcard PIN and sent to the patient's chosen dispenser. The EPS prescription message will include the contact details for the prescribing site/service in case the pharmacy has any queries for the prescriber. These contact details should be configured within the EPS system. Check your system supplier guidance.
- 7.5 Prescribers who sign electronic prescriptions have a signature unique to individual prescribers and applied using the user's smartcard credentials.
- 7.6 A prescriber can cancel the whole electronic prescription or individual item(s) on the prescription at any point until it is dispensed to the patient. A reason for cancellation is requested and then a cancellation message is sent to EPS.
- 7.7 Most prescriptions can be sent electronically. However, there are a few scenarios where a paper hand-signed prescription will need to be produced, such as:
- private prescriptions, where appropriate
 - instalment dispensed CD (FP10MDA) prescriptions
 - if the patient's details are not synchronised with the PDS, or if the patient is marked as sensitive within the PDS
 - if the patient is a dispensing patient and there is no EPS system available in the dispensary
 - if the patient has their prescriptions dispensed in Scotland, Wales or Northern Ireland
 - if, in the professional judgement of the prescriber, the welfare of the patient is likely to be in jeopardy unless a paper prescription is issued
- 7.8 In the case of the above, please follow the management practice and guidance for paper prescriptions as detailed in this document.
- 7.9 In secondary care, all users with appropriate smartcard access can use the [EPS Prescription Tracker](#) to locate and view the status of active prescriptions for a patient. This includes when a prescription is still on the Spine awaiting download, with the dispenser, dispensed and claimed.

- 7.10 To prepare your trust for EPS, follow the guidance on [enabling EPS for your service](#).
- 7.11 For more information on electronic prescriptions in different settings, please visit the following: [GP Practices](#), [Secondary Care](#), [Integrated Urgent Care](#) and for [Prescribers](#).

8. Preventative security measures and mitigation of risk

What organisations can do to prevent fraud, theft and loss

- 8.1 Organisations should designate a member of staff to have overall responsibility for overseeing the process as a whole – from ordering, receipt, storage and transfer to access and overall security of prescription stationery. This person needs to be of an appropriate grade/level of responsibility and should be able to ensure appropriate security measures are implemented and maintained. Arrangements should be made to have a ‘deputy’ or second point of contact in place who can act on behalf of the designated person in their absence.
- 8.2 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 organisations. 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. 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.
- 8.3 All organisations that use NHS prescription forms must ensure that training is provided to staff on best practice management of paper prescriptions form as well as how to safely use the EPS. Information must be given on how to safely manage and store paper prescriptions and safe access of EPS. This training should also cover fraud, theft of loss risks and information on how to report these, which are available in this document. Training should be made mandatory, and competency should be regularly reviewed.

Access and physical security

- 8.4 Organisations should undertake a risk assessment to identify potential location specific threats, depending on the building, environment and other external factors. 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. Those responsible for security should be consulted.
- 8.5 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 principles¹²
- 8.6 Other physical security measures that should be considered include (where applicable) windows barred with metal security grilles and doors equipped with appropriate security locks.
- 8.7 Access to the lockable room or area where prescription form stocks are kept should be restricted to authorised individuals. Keys (master or spares) 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 incident.
- 8.8 Adequate storage and filing methods for prescription forms should be in place. Security should be an integrated part of storage for single sheet prescription forms (FP10SS/FP10MDASS) and prescription pads for hand written prescriptions.
- 8.9 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.
- 8.10 There have been known cases of theft of blank prescription forms from printer trays. Risk assessments should be undertaken regarding the placement of printers for computerised prescribing. Where the printer is located, who has access to the area, whether the area is shared with another service and levels of surveillance should all be considered. 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.¹³

¹² 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.

¹³ There are a number of secure, lockable printers available on the market.

Security of computer systems

- 8.11 Practices or prescribing clinics should clearly define which staff have access to computer system. Protocols should also define which individuals have access to the functions that generate prescriptions. This should include the precautions taken when these areas are shared with other services who do not have legitimate access to prescription forms. All prescriptions should be removed from printer trays and locked away when not in use or out of hours.
- 8.12 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.
- 8.13 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
- 8.14 Whilst EPS is secure and prescribers must be authenticated and authorised to access it, it is very important to continue to follow good practice in using an online system. Smartcards are needed to use electronic prescriptions for security measures allowing access to clinical and personal information by only those who have a valid reason to do so. Sharing smartcards and sharing of the unique passcode assigned is prohibited and access may be withdrawn if identified this was taking place. For example, to update a record, a healthcare worker must be strongly authenticated via [NHS Care Identity Service 2 \(NHS CIS2\)](#). It is the responsibility of the GP practice and lead pharmacists to ensure that prescribers and dispensers are appropriately authenticated in their setting, before being given access to the system.

Prescriptions posted in the mail

- 8.15 The preferred and safest options for patients to obtain a signed prescription form from their prescriber are either during the consultation or collected on their behalf by a named representative at their nominated pharmacy. Using any of these options reduces the opportunity for fraudulent activity to occur involving a genuine prescription form. However, sometimes none of these options are suitable to patients and some practices posts signed prescription forms to patients at their home address.

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) press L on keyboard.

- 8.16 There are potential risks in the event that a posted signed prescription form does not reach the legitimate recipient. A signed prescription form from a legitimate prescriber with all the relevant practice information carries even greater risks for fraudulent activity in the wrong hands. The risks are greater if the prescription form is for CDs, therefore it is recommended that these types of prescription forms are not posted and alternative arrangements are made to ensure the patient receives the medication. This can include arrangements with the patient's local pharmacy service.
- 8.17 When a practice posts prescriptions to patients using the mail service, it is vital that this option is used only in exceptional circumstances following a risk assessment. This should include a process with established checks, to ensure as far as possible that the prescriptions actually reach the intended recipients. Therefore if signed prescription forms are sent in the post to patients, a number of precautions should be taken to ensure it is delivered and dispensed to the legitimate patient. These may include, but are not limited to:
- checking that the patient address is up to date
 - considering if there are known individuals at the patient address with substance misuse issues
- 8.18 Keeping records of the date the prescription form was posted, name and address of recipient, expected delivery date and items prescribed/dosages/amounts. This may include, but is not limited to:
- discreet information on external envelope/packing so that the item is not easily identified
 - return address if the item cannot be delivered
 - using a postal service with tracking information
 - getting the item signed for at point of delivery to ensure it can be traced in the event it has not been received by the intended recipient.
 - reconciliation checks to ensure that the patient did receive the prescription form
 - escalation and reporting actions for staff in the event the patient reports non receipt of the prescription form
- 8.19 These precautions should be included in any relevant SOP or policy and audits undertaken to ensure it is adhered to.

Duplicate and spoiled prescriptions

- 8.20 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

- 8.21 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.
- 8.22 Annexes D include suggested instructions for completing prescription form registers based on best practice.

Audit trails

- 8.23 Monitoring and tracking of forms have been made easier through the introduction of bar codes with serial number data on the boxes containing the FP10SS prescription forms. 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, 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.
- 8.24 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.

Prescriptions lost by patient

- 8.25 Organisations should have in place an SOP or policy in the event that a patient reports a lost prescription form. These incidents should be recorded in the organisation's incident reporting system. Before a replacement prescription is provided, a risk assessment should be undertaken to ensure, that the reported loss is genuine and not an attempt to commit prescription fraud. If the lost prescription form was for CDs, the CDAO should be informed and extra precautions taken to ensure the medication is dispensed to the intended recipient without incident.
- 8.26 As this prescription is likely to be signed by an authorised signatory with all the relevant practice data, the loss should be treated like all other prescription losses and local escalation and reporting procedures followed.

Verifying prescriptions

- 8.27 Pharmacists 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. 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. If a prescription form is suspected of having been stolen, the matter should be reported immediately (see annex A). However, under no circumstances should staff compromise their safety.¹⁵

- 8.28 It is best practice for organisations to 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

- 8.29 Pharmacists and dispensing doctors should be vigilant in scrutinising prescriptions for any signs of alteration not authorised (i.e. initialled and dated) by the prescriber. If 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 organisation's LCFS or nominated anti-fraud specialist, or on the NHS Fraud and Corruption Reporting Line **0800 028 4060** or online at <https://cfa.nhs.uk/reportfraud>
- 8.30 Further guidance on forged prescriptions is available from the General Pharmaceutical Council (GPhC) at www.pharmacyregulation.org.

Reporting NHS prescription forms incidents

- 8.31 It is important that there are effective processes in place for staff to report incidents involving prescription forms and these processes are documented within a SOP or policy and widely communicated to staff. Incidents involving fraud, theft and loss of prescription forms should all be reported using the organisation's incident reporting system, which would include reporting to PCSE as required. Staff should be supported and encouraged to report and be assured that the incident will be investigated, and appropriate action taken.

¹⁵ 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 <https://www.nhsbsa.nhs.uk/nhs-penalty-charges>.

- 8.32 In reporting NHS prescription form incidents to the NHSCFA, it is important to include as much essential information as possible, including: where you work, your contact details (if you're reporting), date/time of incident, as much detail as possible regarding place where incident occurred, type of prescription stationery, serial numbers, quantity and details of the nominated counter fraud specialist to whom the incident has been reported, details of prescriber (doctor, nurse etc) from whom prescription forms have been stolen/lost. Has the police been notified? Has an alert been issued to other local pharmacies or GP surgeries?
- 8.33 The two easy ways to report fraud to the NHSCFA is through the NHS Fraud and Corruption Reporting Line **0800 028 4060** or online at: <https://cfa.nhs.uk/reportfraud>. Please see below some important information in relation to reporting prescription form incidents:
- As you progress through the report you will be asked 'how you would like to report' the fraud. This will control how your information will be recorded when you make a referral. If you chose anonymous and do not provide the information that the NHSCFA requires to progress the report, we will be unable to take further action.
 - When you reach the screen with different types of NHS fraud, this enables you to choose which type your report falls under. Prescriptions are categorised under NHS Patient. Patient frauds linked to pharmacies can be found near the top of the list.
 - You will be asked to provide information concerning the patient, if applicable. It is particularly helpful to add a date of birth, NHS Number or an address. This helps us to uniquely identify the patient for checking if intelligence already exists on the patient.
 - The final part of this process is to actually write down what has happened. It is particularly important to let us know if you have reported it to the police and if you were provided with a crime reference number.
- 8.34 In the event of a fraud, 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 CDAO if applicable and the police as required. The organisation's nominated LCFS should be notified if a fraud has occurred.
- 8.35 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)¹⁶ 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 LCFS or nominated equivalent to establish a good working relationship with the CDAO and to participate in the CDLIN meetings.

¹⁶ When referring to Regulations, the name of the legal entity (NHSCB) should be used, not the brand name, NHS England.

- 8.36 ICBs 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 CD concerns to the lead CDAO of their area team, whose contact details can be found on the CDAO register on CQC's website.¹⁷
- 8.37 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 ICBs 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.
- 8.38 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

- 8.39 Depending on the circumstances, the organisation may consider circulating a regional or local alert about the incident involving the security of prescription forms. Organisations should nominate one individual whose responsibility it is to receive and cascade 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.
- 8.40 It is also important that organisations inform all pharmacies in their area and adjacent NHS England area teams and PCSE as relevant, 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.
- 8.41 In the hospital setting, the entire staff of the pharmacy department should be made aware of the alert. The LCFS should consider sharing with relevant parties in their locality. 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.

¹⁷ For more info on CDAOs and the process for notifying the CQC please see link: [Controlled drug accountable officers - Care Quality Commission](#)

9. Investigation and learnings

Investigations

- 9.1 The level of investigation of fraudulent activity involving missing, lost or 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 appropriately.
- 9.2 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.
- 9.3 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 fraud or theft, immediate contact should be made with the designated individual, CDAO, LCFS and police. Annex A gives a more detailed breakdown of the types of incident involving prescription forms and the actions staff should take in response.
- 9.4 Under the Controlled Drugs (Supervision of Management and Use) Regulations 2013, the CDAO has responsibility for investigating concerns and incidents relating to CDs. Additionally, NHS England CDAOs must ensure that their contractors, such as GP practices and pharmacies, have appropriate arrangements in place for such investigations.
- 9.5 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 LCFS should take forward the investigation, they should take charge of the investigation, seeking advice from the CDAO, and chief pharmacist/head of medicines management as appropriate. The LCFS should also maintain contact with the police on the progress of their investigation. Annex B provides further information on the key responsibilities of staff, organisation management, and LCFS in an investigation.
- 9.6 The LCFS is 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, LCFSs must carry out investigations according to guidance given in the relevant manual.¹⁸

¹⁸ The NHS counter fraud manual (which is available on the NHSCFA extranet) provides guidance to LCFSs on conducting investigations into fraud.

- 9.7 All incidents involving lost/missing/stolen prescription forms, irrespective of whether the police are pursuing sanctions against the offender, should be reported to those in charge of security or nominated equivalent (where applicable) as appropriate.
- 9.8 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

- 9.9 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, the CDAO, and, depending on the circumstances, the LCFS should be involved in this review. This in-depth review requires an analysis of the incident, and the following various processes/issues should be considered:
- 9.10 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.

10. Annex A – Incident response table

Nature of incident	Who should be contacted?
There is a discrepancy in prescription forms ordered and received. →	Contact supplier
If, following enquiries with the supplier, the discrepancy in prescription forms ordered and received cannot be accounted for, and forms are still missing. →	Notify the designated person with overall responsibility for prescription forms at the organisation, the CDAO, LCFS and police as required. Report the matter using the organisation's incident reporting system. An alert/warning may be circulated locally and/or regionally. If fraud is suspected, details of the incident must be reported to the NHSCFA.
If prescription forms are lost through negligence or by accident. →	Notify the designated person with overall responsibility for prescription forms at the organisation, the CDAO, LCFS and police as required. Report the matter using the organisation's incident reporting system An alert/warning may be circulated locally and/or regionally. If fraud is suspected, details of the incident must be reported to the NHSCFA.
If prescription forms are stolen. →	Contact the police and report the matter using the organisation's incident reporting system. Notify the CDAO, LCFS and those responsible for security. An alert/warning may be circulated locally and/or regionally. If fraud is suspected, details of the incident must be reported to the NHSCFA.
If it is suspected that a presented prescription form is forged or	Check with Prescriber then, if appropriate, notify the CDAO, LCFS,

counterfeit. ➔	police and report to the NHSCFA via the NHS Fraud & Corruption Reporting Line 0800 028 40 60 or online at https://cfa.nhs.uk/reportfraud .
If it is suspected that prescription forms are being misused. ➔	Check with Prescriber then, if appropriate, notify the CDAO, LCFS, police and report to the NHSCFA via the NHS Fraud & Corruption Reporting Line 0800 028 40 60 or online at https://cfa.nhs.uk/reportfraud .

11. Annex B – Key responsibilities in incident investigation

Individual identifying loss of forms (e.g. Prescriber, Manager, person taking receipt of delivery)	• Follow local procedures and guidance for the immediate reporting of incident. • 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.
Organisation	• Ensure matter is reported immediately to the supplier/PCSE/police/CDAO/LCFS/those responsible for security as appropriate. • If fraud is suspected, details of the incident must be reported to the NHSCFA. • Ensure a local 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 ICBs/PCSE/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 LCFS, the organisation should take necessary action to minimise the abuse of the forms taken.

Local Counter Fraud Specialist	• 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 suspected FRAUD/BRIBERY/CORRUPTION using appropriate powers where applicable. • Report investigations to the director of finance. • Report to NHSCFA all cases of suspected FRAUD/BRIBERY/CORRUPTION. • Where the director of finance believes FRAUD/BRIBERY/CORRUPTION to be present a full report should be sent to the audit committee, internal and external audit. • Liaise/notify the organisation's security specialist or nominated equivalent as required.
---	---

12. Annex C – 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 E.
- 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.

13. Annex D – Examples of good practice already in use by organisations

Prescription log sheet

Computer prescriptions

Prescriber[illegible]

OFFICIAL

Prescription log sheet

Handwritten prescriptions

Prescriber[illegible]

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

14. Annex E – Process for registering for access to order forms

1. Xerox (UK) Ltd will require confirmation that all organisations have been authorised by their NHS or local authority commissioner.¹⁹
2. 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.
3. 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.
4. Users who are entitled to order secure prescription forms should be annotated as requiring “Secure Catalogue Access” on the Xerox registration template.
5. 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.
6. The completed templates should then be sent to nhsorders@xerox.com
7. 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.
8. 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

9. 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

¹⁹ For more information on NHS and local authority reforms in relation to prescribing, please see the following: [NHS and local authority reforms | NHSBSA](#)

10. 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.
11. The organisations responsible for ordering NHS prescription forms must also inform NHS Prescription Services about prescribers and their cost centres.