Clinical

Prescription Forms and Security Policy

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1. Introduction
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.

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.

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 policy.

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.

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.

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.

Drugs obtained illegally using forged or stolen prescription forms are used for unsupervised treatment of an illness or health condition, to feed an addiction or for their performance enhancing qualities. Without medical supervision or advice on possible side-effects or contraindications to existing medical conditions, the consumers of these drugs put their health at significant risk and may even require urgent medical intervention. For example, the Pharmacy Reward Scheme identified that the most commonly sought/obtained items on
stolen/forged prescriptions were diazepam, temazepam, nitrazepam and zopiclone – drugs that carry a risk of dependency.

Prescription form theft and misuse can also contribute to violence. For a long time, the misuse of non-prescribed and prescribed drugs on inpatient mental health units has been known to be a major contributory factor in violence and aggression. Often, drugs found on patients had been obtained using stolen and forged prescription forms. In the Healthcare Commission’s National Audit of Violence, undertaken by the Royal College of Psychiatrists’ research unit, substance misuse was cited as a major trigger of violent or threatening behaviour.

This policy also covers the documentation used to communicate changes in medication regimens. Local intelligence has reported incidents where official documentation used to communicate changes has been stolen and resulted in the perpetrators receiving controlled drugs from their GP which were not authorised by their hospital clinician.

This policy should be read in conjunction with all medicines policies and procedures, particularly the Medicines Code and Trust Formulary.

2. Purpose
This policy aims to ensure that all staff involved in the handling of prescription forms, pads, and other associated prescription medication communication templates follow the correct processes to minimise the risk of fraud and misuse of drugs. It sets out the requirements for staff involved in the ordering and receipt of prescriptions from the publisher, the safe storage requirements that teams should adopt and the responsibilities of individual prescribers in the safe carriage of prescriptions.

3. Scope
This policy applies to all prescribing and non-prescribing staff who hold responsibilities for the safe handling of prescription documents. It covers the process to follow when considering the postage of prescription forms; NB: the postage of medication is not covered within this policy and the Pharmacy and Medicines Optimisation Department should be contacted to confirm these arrangements.

This policy also covers the arrangement for the return of prescription forms to the Pharmacy and Medicines Optimisation Department when no longer required; for example cessation of employment with the Trust or the transfer to another provider/closure of a service.

The arrangements for provision of prescription forms to locum doctors are also covered.

4. SECTION 1: Prescriptions
All prescriptions that are dispensed in a community pharmacy are sent to the Prescription Pricing Division (PPD) at the end of each month for processing. The expenditure associated with each prescription is allocated to the cost/prescriber code that appears in the top right hand side of the prescription address box (situated at the bottom of the prescription form); this code is called the Hospital Unit Code or the Prescriber Code. It is imperative that each prescription has the correct Hospital Unit Code/Prescriber Code printed in the correct place.
Similarly, prescriptions that are dispensed by a hospital pharmacy are coded to the prescriber/ward by pharmacy; the costs are then charged to the appropriate Trust cost code.

Where prescribers split their work between different services or localities of the Trust, they should contact the Pharmacy and Medicines Optimisation Department to assess whether they will require separate prescription pads with different codes for each service/locality. This is to ensure that prescribing costs are assigned to the correct budget and team.
4.1 Types of Prescription Forms  
The types of prescription forms available to prescribers in this Trust are as follows:

<table>
<thead>
<tr>
<th>Type</th>
<th>Colour</th>
<th>Purpose and Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP10SS</td>
<td>Green</td>
<td>Single sheet prescription (Prescriber details printed by prescribing system)</td>
</tr>
<tr>
<td>FP10HNC</td>
<td>Green</td>
<td>Hand-written prescription. In glued pads of 50 – pre-printed with prescriber details, address etc. (for “occasional use”)</td>
</tr>
<tr>
<td>FP10MDA-SS</td>
<td>Blue</td>
<td>Substance Misuse Instalment Single Sheet Prescription (Prescriber details printed by prescribing system)</td>
</tr>
<tr>
<td>FP10HMDA</td>
<td>Blue</td>
<td>Substance Misuse Instalment Prescription. In glued pads of 50 – pre-printed with prescriber name, address etc. (for “occasional use”)</td>
</tr>
</tbody>
</table>

4.2 Use of Prescription Forms  
FP10 prescription forms are usually only available to permanently employed professionals. Rotational and locum staff should use prescriptions containing the details of their supervising consultant. It is the responsibility of the supervising consultant to ensure that non-permanent staff are aware of their responsibilities under this policy. Locum staff are asked to complete a prescribing log detailing their prescribing for the length of their employment with the Trust (Appendix 3). Where the locum is covering the position of a consultant for a prolonged period (typically six months or more) the locum will be registered with the Trust as an FP10 prescriber for the duration of the cover. It is unacceptable for prescribers to remove single sheets of prescription forms from their pad; pads must be kept whole and should be issued as such. Prescription pads should remain intact. Under no circumstances should doctors use the prescription pads of Non-Medical Prescribers and vice versa.

FP10 prescription forms can only be ordered and issued once a Prescriber Code has been allocated by the Organisation Data Service (ODS) and details entered onto a database held by the Prescription Pricing Division. A Register of FP10 Prescribers will be maintained by the Pharmacy and Medicines Optimisation Department.

The Prescribing and Projects Co-ordinator (at pharmacy) should be contacted when a healthcare professional wishes to be allocated a Prescriber Code. The process for registration will take approximately three weeks to complete. The following details will be required:
• Full name (including middle names)
• Type of prescriber i.e. Medical / Non-Medical Prescriber
• Grade / role e.g. Consultant, Associate Specialist, CMHN, Pharmacist etc.
• GMC/NMC/GPhC number
• Area of work e.g. Adult Mental Health, CAMHS, Substance Misuse etc.
  NB: Different localities and/or specialisms may require separate codes being set up
• Address (including postcodes) of main base(s)
• Telephone number of main base(s)
• Administration Support and contact number
• Copy of Statement of Entry (NMC only)
• The means of ordering their prescriptions
• The delivery point from which they will be collected

Once set up with a prescriber code, the Prescribing and Projects Co-ordinator will liaise with the relevant Directorate Accountant to link the code to the appropriate cost centre.

If any of these details should subsequently change or if a healthcare professional is suspended (or withdraws) from prescriber duties, the Prescribing and Projects Co-ordinator should be notified immediately in order that the database can be kept up-to-date and prescriptions returned safely.

4.3 Record of Prescriber Signatures
A record of each prescriber’s signature will be held by the Pharmacy and Medicines Optimisation Department; each new prescriber will be asked to complete a sample signature form supplied by Medical Staffing Department. This is especially important for those prescribers who are employed by the Trust on a rotational basis. The Medical Staffing Department will send a copy of the signed Attendance Register after each doctors’ induction session to the Prescribing and Projects Co-ordinator. The Trust’s Non-Medical Prescribing Lead will also hold a record of all NMPs’ signatures and liaise closely with the Prescribing and Projects Co-ordinator to ensure an efficient service.

4.4 Communication of Prescription Changes
All official documentation used to notify prescribers of changes to medication regimes or doses should be kept securely since, if stolen, they can be used in an attempt to obtain prescription medicines from GPs fraudulently.

5. SECTION 2: Management of Prescription Stock
5.1 Prescription Form Stock Control
A clear and unambiguous record of prescription stationery stock, both received and distributed should be kept, preferably electronically to aid reconciliation and audit.

The following should be recorded on the stock control system:

• What has been received (along with the serial number ranges) and by whom
• Where the items are being stored
• When prescription forms are issued to the named prescriber and by whom
• To whom prescription forms were issued (along with the serial number range)
  NB. This should be preferably the named prescriber on the forms; however it may be an authorised deputy such as the team’s administrator
• The serial numbers of any unused prescription forms that have been returned
NB. Prescription pads should not be split/divided and should be used in sequence.
• Details of prescriptions forms that have been voided and destroyed (these records to
be retained for 18 months).

5.2 Ordering Prescription Forms
FP10 prescription forms are ordered weekly via the NHS Forms Ordering website by the
Prescribing and Projects Co-ordinator (or authorised deputy). Orders will only be placed
following receipt of a correctly completed written Requisition of Controlled Stationery Form;
these should be faxed or emailed to the Pharmacy and Medicines Optimisation Department.
Orders for FP10 prescriptions will normally be placed once a week on a Tuesday and
prescribers should take this into account when managing their stock of prescriptions to avoid
running out during a clinic. Orders will only be placed on another day in exceptional
circumstances due to other commitments.

Once ordered, prescriptions will usually arrive at the delivery point during the following week
(typically the Monday after the order date). Prescribers should arrange a suitable time to
collect their pads with the Prescribing and Projects Co-ordinator.

5.3 Checks Required Prior to Ordering of Prescriptions
Initial FP10 prescription pads can only be ordered for healthcare professionals once their
registration status has been confirmed:

• Doctors: Must hold full registration with the General Medical Council.
• Nurses: Must submit a copy of a Nursing and Midwifery Council Statement of Entry to
the Prescribing and Projects Co-ordinator showing their recorded entry on the
professional register confirms their status as an NMP.
• Pharmacists: Must hold full registration with the General Pharmaceutical Council with
an annotation signifying that they have been accredited as either a Supplementary
NMP or an Independent NMP.

5.4 Delivery from National Supplier
Deliveries from the supplier must be arranged when the designated staff are there to receive
within a designated time slot to enable same day follow-up of late deliveries; discrepancies
must be highlighted. The distance between the delivery vehicle and the premises should be
as short as possible to minimise the risk of theft or potential assaults on staff. Unloading
should not be done in a public area (e.g. reception area) unless unavoidable.

The designated member of Trust staff should, before the driver leaves, perform a full check
against the delivery note to confirm that the appropriate type of prescription form and correct
number of pads/boxes have been received. Any discrepancies should be noted on the
driver’s delivery note, queried with the supplier and documented in the Trust's records.

5.5 Receipt and Storage at Trust Premises
As soon as practicable the delivery should be thoroughly checked against the order and
delivery note, where possible using the bar coding, and only be signed for if the packaging is
sealed and unbroken. If the delivery is incomplete the supplier should be contacted
immediately.
Details of the delivery should be recorded (preferably electronically); it is recommended that the “Bar Code Split Template” available from the NHS Forms ordering website is used in as many sites as possible.

All deliveries should be stored securely on receipt and treated as Controlled Stationery. As a minimum, prescription forms should be kept in a locked cabinet within a lockable room or area.

If the forms do not arrive on the due date or within six working days from the date of the order being placed, the supplier should be contacted so that enquiries can be made at an early stage.

5.6 Distribution
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.

If prescribers do not take delivery of their prescriptions then the individual responsible for taking delivery of prescriptions should ensure that only authorised prescribers are given access to them.

5.7 Destruction and Disposal
Prescription forms should not be issued to prescribers who have left the Trust, moved employment to another team/locality or who have been suspended (or withdrawn) from prescribing duties. All unused prescription forms relating to that prescriber should be recovered and securely destroyed by the service or the Prescribing and Projects Coordinator. This will require liaison with the NHS Business Services Authority to ensure the suppliers of the forms are aware of prescriber changes.

Where prescribers are likely to be ceasing prescribing duties for a prolonged period of time (e.g. maternity leave) and their activity is not expected to be replaced by a locum prescriber, consideration should be given to return any unused prescriptions to the Pharmacy and Medicines Optimisation Department for safe keeping.

Prescription forms which are no longer valid or in use should be stored securely until time is available for them to be put into confidential waste; a log of prescriptions destroyed should be kept electronically. The forms should be kept for a period of two months prior to destruction for audit purposes. A record of the serial numbers of the forms being destroyed must be kept; the destruction should be witnessed by another member of staff who countersigns the record; records of destroyed forms should be kept for 18 months.

5.8 Storage of Prescription Stock
Stocks of prescription stationery should be kept in a locked cabinet within a secure room with access limited to those who are responsible for prescription forms. Security measures should include windows barred with metal security grilles and doors equipped with appropriate security locks.

Secure areas should be protected by an intruder alarm system, zoned separately, and linked to a central alarm monitoring area, such as a security control room.
Keys or access rights for any secure area should be strictly controlled and a record made of keys issued (e.g. on an asset register) 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.

5.9 Issue of Stock
Delivered prescription pads/boxes should be packed into sealed, tamper evident pouches or boxes for collection by the prescriber or their representative.

Items waiting to be collected should be stored in a secure area and not left in a public place. Prescription forms should not be issued to prescribers who have left the Trust, moved to another team/locality or who have been suspended (or withdrawn) from prescribing duties. All unused prescription forms relating to that prescriber should be recovered and securely destroyed by the Prescribing and Projects Co-ordinator. When returning prescription pads (including partially used) to the Pharmacy and Medicines Optimisation Department in Stafford, they must be securely sealed and sent by “Recorded Delivery” to the department; they must not be put into portering totes or sent anywhere else. The P&MO Department will need to be contacted by the sender to expect the delivery.

When collecting prescriptions from the main delivery points at the Pharmacy and Medicines Optimisation Department’s bases at St Georges Hospital and The Redwoods Centre, prescribers or their representative will be required to show Trust ID and sign for the prescriptions they are collecting. Similar processes should be adopted at other locations.

Where there is no local collection point in the South Staffordshire and Shropshire demographic areas, the prescriptions will be delivered to the pharmacy at St Georges Hospital and then placed in the Trust courier service in a tamper evident pouch to the prescriber. The prescriber will be emailed the serial number details for checking on receipt, confirmation of safe delivery will be emailed or faxed to the P&PC. Discrepancies will be reported immediately.

5.10 Stock Checks
- Stock checks should be undertaken on a quarterly basis.
- If, after checking for clerical errors, there is a discrepancy then the procedure for Lost/Stolen Prescriptions should be followed (see further on).

5.11 Access and Physical Security
A risk assessment should be made by the Trust’s Security Management Specialist to identify potential location specific threats. 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 procedures; examples that might need to be established include:

- CCTV
- Alarms
- Access control systems
- Design features in the environment that adhere to Secured by Design principles
Windows should be barred with metal security grilles and doors equipped with appropriate security locks. Access to the lockable room 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 should be entered onto the ESR asset register.

5.12 Security of Computer Systems including Printers
Adequate storage and filing methods for prescription forms should be in place and preferably electronic; it is not advisable for prescription forms to be handled by a manual system.

Printers that are being used for prescription form printing should be fitted with a security device to prevent theft from the printer tray. Since single-sheet forms are still valid when completed in handwritten form, under no circumstances shall prescription forms be left in printer trays when not in use or overnight. Printers should be housed in a secure part of the building, away from areas to which service users, visitors and the public have access.

Access to the system by members of staff should be clearly defined. A protocol should also define which individuals have access to the computer functions that generate prescriptions.

All staff with access to the computer system will have an individual password or use smart card access. Staff must not share their passwords or smart cards with colleagues as prescribing rights are restricted to certain users on case records software. Prescribing information will also 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.

Computer systems should have a “locked” facility so that access can be denied or details prevented from being read from the screen when the authorised user is going to be away from their workstation for a specified period; the smart card should also be removed and retained by its owner. The “locked” terminal should be controlled by a password that is known only to the user.

6. SECTION 3: Management of Prescription Forms for Individual Prescribers
6.1 Using Prescription Forms
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. The serial number of the first remaining prescribing form in an in-use pad or batch of single sheet prescription forms should be made at the end of each working day.

Under no circumstances should blank prescriptions 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 a patient’s records. Prescription forms are less likely to be stolen from locked, secure stationery cupboards.

Any completed prescriptions should be stored in a locked drawer/cupboard. Patients, temporary or unauthorised personnel and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored.

Stamps containing a prescriber’s prescription details (for use on handwritten blank prescriptions) should be kept in a secure location separate from prescription forms, as
stamps make the detecting of fraudulent prescriptions more difficult. The stamps should be secured to the same standard as prescription forms. **NB.** Personalised prescriptions should be ordered and used in preference to hand stamped blank prescriptions, wherever possible.

### 6.2 Prescriptions for Controlled Drugs
Prescribers should ensure compliance with all the relevant legal requirements when writing prescriptions for CDs; information is available from the BNF. This also applies to FP10MDA prescription forms, which are used to order schedule 2 CDs, 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. Additional details may also be required to set out the full instructions to be followed at the community pharmacy. Refer also to the separate CD SOP for Prescribing Controlled Drugs.

### 6.3 Posting of Prescriptions
Collection of prescriptions is always preferred over posting; either by the patient or a community pharmacy. The name and address of the patient should be checked against the addressed envelope in which it will be posted to ensure it is going to the correct person / agency. The patient’s name and address, the number of items on the prescription, as well as the serial number (at bottom of FP10) should be logged in a designated prescription log book including the date of sending and the name of the person who prepared the item for posting. Prescriptions for CDs can be sent in the normal post, however if the patient claims that they have not received a prescription then all subsequent prescriptions must be sent using recorded delivery methods (with all details recorded).

### 6.4 Duplicate and Spoiled Prescriptions
If an error is made on a prescription the prescriber should do the following:

- Put a line through the script and write “spoiled” on the form
- Destroy the form (securely) and start writing a new prescription

For minor errors only, it may be possible to strike through the error, initial and date the error, and then rewrite the correct information. However, consideration should be given to the potential risk of fraud whereby the prescription is amended by an unauthorised person.

### 6.5 Home Visits
Before leaving base the range of serial numbers of the prescription forms being taken should be recorded; the pad should not be split for this purpose and the remaining pad taken in its entirety. Blank (i.e. non-personalised) prescriptions must not be taken on home visits. Prescriptions must be carried in a lockable bag/case and not left on view in a vehicle. They must be stored in a locked compartment within the car (e.g. the boot) and the vehicle should be fitted with an alarm.

If travelling by public transport or taxi, the prescription pad must be kept out of view and remain secured in a locked bag/case. Prescribers must not allow themselves to be separated from their bag/case and should remain vigilant so that it may not be left behind or stolen.
6.6 Storage of Prescriptions

Prescribers are responsible for the security of prescription forms once issued to them and ensure they are securely locked away when not in use. A secure process must be in place to record the relevant details in a stock control system, preferable using a computer system, to aid reconciliation and maintenance of the audit trail.

The following information should be recorded on a stock control system:

- Date of receipt
- Name of the person taking receipt
- What has been received (quantity and range of serial numbers)
- Where it is being stored
- When any prescriptions were issued
- Who issued the prescription forms
- To whom they were issued
- The quantity of prescriptions issued
- Serial numbers of the prescriptions issued
- Details of the prescriber

Records of serial numbers received and issued should be retained for at least three years. Only minimal amounts of prescriptions forms should be kept; that is typically enough for one month's supply. This reduces the number of forms vulnerable to theft and also helps to keep stocks up-to-date; for example the payment exemptions on the reverse of a prescription can vary over time and it is most convenient for patients and pharmacists for the current format to be used so that the correct exemption can be claimed (where appropriate).

6.7 Reporting and Audit

The Prescribing and Projects Co-ordinator is the designated member of the Trust who has overall responsibility for overseeing the whole process pertaining to prescription forms; that is: the ordering, receipt, storage and transfer of pads/boxes as well as the overall security protocols of prescription stationery. All medical prescribers will be identified by the Medical Staffing Department, whereas all NMPs will be identified by the Trust’s Non-Medical Prescribing Lead.

To support this role, stock checks of prescriptions held at bases should take place at least quarterly; more frequent checks should be undertaken where possible and certainly if concerns arise. There should also be a separation of duties between the ordering, receipting and checking of prescription forms, wherever possible.

There should be an audit trail for prescription forms so that the Trust knows which serial numbered forms have been received and which have been issued to each prescriber. If a prescriber leaves the organisation, the Prescribing and Projects Co-ordinator should be informed at the earliest possible opportunity, and ideally before the individual's last day of employment. Any unused prescriptions should be recovered and destroyed in a secure manner by shredding and placing in the Trust's confidential waste receptacles. The computer systems should be amended so that no further prescriptions can be issued bearing the details of the prescriber in question. The Prescribing and Projects Co-ordinator will ensure the NHSBSA are also advised of the changes.
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 filled out and handed to the patient.

### 6.8 Missing or Lost Prescriptions

If there are irregularities at the 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.

Any irregularities identified with prescription stock (including once in possession of the prescriber) should be escalated for investigation and reported on the Trust’s Lost Prescription system as well as the main incident reporting system.

### 6.9 Reporting Missing/Lost/Stolen NHS Prescription Forms

In the event of a lost/missing or suspected theft of prescription(s), the prescriber or staff member should notify promptly the Prescribing and Projects Co-ordinator (or other member of the Trust’s Pharmacy and Medicines Optimisation Department in their absence), the Trust’s Controlled Drugs Accountable Officer (CDAO) if applicable and the Police as soon as possible. The Prescribing and Projects Co-ordinator will then notify the following:

- NHS Protect at prescription@nhsprotect.gsi.gov.uk.
- The Trust’s Local Security Management Specialist
- The NHS Local Counter Fraud Specialist
  For Staffordshire and Shropshire localities it is Gavin Ball, who can be contacted on 07760 174460 or at gavin.ball@bakertilly.co.uk

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 to whom the incident has been reported

The notification for lost/stolen/missing prescriptions should always be completed electronically to avoid issues with deciphering handwriting and transcribing errors, and sent to the Prescribing and Projects Co-ordinator using a secure email. They person notifying the loss should also call the Pharmacy and Medicines Optimisation Department to confirm receipt and alert the team to the loss in case the email is not immediately picked up. Time is of the essence in preventing a potential fraud to the NHS and the misuse of prescription medication. The person notifying should also record the incident on the Trust’s Incident Reporting System.

In the event that the irregularity cannot be resolved by other means and theft is suspected, the police should be contacted.

The Pharmacy and Medicines Optimisation Department will inform the relevant NHS
England Area Teams so that they can notify all pharmacies in the area and adjacent CCGs of the loss and the period within which the prescriber will write in the specific unusual colour. This will normally be put in writing within 24 hours with the exception of weekends when it will be done on the next working day.

The security of prescription forms is the responsibility of both the employing organisation and the prescriber. However prescribers are responsible for the security of prescription forms once they have been issued with them and should ensure that they are locked away when not in use.

It is advisable to hold only minimal stocks of prescription forms; that is typically enough for one month’s supply. This reduces the number lost if there is a theft or break-in, and also helps to keep prescription forms up-to-date.

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

6.10 Investigations
The level of investigation of missing/lost/stolen prescription forms will depend on the nature of the incident. 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.

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 Pharmacy and Medicines Optimisation Department, Trust’s Controlled Drugs Accountable Officer (CDAO) and the police. Where applicable, the Local Security Management Specialist (LSMS) or nominated deputy should also be informed.

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 that the LSMS should take forward the investigation, they should take charge of the investigation, seeking advice from the CDAO, Director of Pharmacy and Medicines Optimisation (or nominated deputy) and Local Counter Fraud Specialist (or nominated deputy) as appropriate.

All incidents involving lost/missing/stolen prescription forms should be reported as detailed above so that an internal investigation and assessment of the cause of the incident can be undertaken. This is irrespective of whether the police are pursuing sanctions against an offender, however this will take priority and nothing should be done to hinder the activity of the police. The cause of the incident and outcome of the investigation may identify whether any further actions need to be taken in the areas affected (or more widely) of pro-security culture, deterrence prevention or detection.

Where clear breaches of policy are identified, then the investigation may have to transform into one which is covered by the Trust’s Disciplinary Policy.

Even where incidents are identified as an administrative recording error and no actual loss or theft has occurred, it may still be useful to share the lessons learned and review local procedures to try to prevent a repeat.
The LSMS (or other investigating officer) should also maintain contact with the police on the progress of their investigation. 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.

Staff are 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.

It is good practice to undertake a review of administrative and security measures in place following an incident where a security breach or weakness has been identified; this should form part of local staff training of the processes involved around prescription security.

6.11 Sanctions
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). The LPU can be reached through their general enquiries email: generalenquiries@nhsprotect.gsi.gov.uk or general switchboard: 020 7895 4500.

7. Process for Monitoring Compliance and Effectiveness
The Prescribing and Projects Co-ordinator, with support from the Pharmacy and Medicines Optimisation Department will undertake regular audits against the standards set out in this policy. The audits will require prescribers to self-assess their practice against the policy and also require each base which receives prescription forms to submit a cross-check of their prescriptions held with their paper/electronic records. A spot check of a percentage of prescribers, including those who did not respond to the self-assessment will be conducted to validate the data.

The Prescribing and Projects Co-ordinator will regularly review the Trust’s incident report system to identify any incidents and trends around the practice of handling prescription forms. They will also control the ordering process and ensure that all of the initial checks on setting up a prescriber code are in place before any prescriptions are ordered.

The Medicines Optimisation Committee and Trust’s Controlled Drugs Accountable Officer will oversee the results of audits and investigations and determine action plans as well as require assurance that remedial action has been completed.

8. References
Department of Health (1997), Prescription Fraud Efficiency Report
Healthcare Commission (2006), National Audit of Violence
NHS Prescription Services (2009), Current and Out of Date Prescription Form Versions
Appendix 1:
Requisition for Controlled Stationery FP10 Prescriptions (Stafs/Shrops Area)
Please complete, sign and fax to the Pharmacy and Medicines Optimisation Department on 01785 783005

| Prescriber Name: |  |
| Ordered By (Name): |  |
| Ordered By (Signature): |  |
| Address: |  |
| Tel No.: |  |
| Fax No.: |  |
| Date Ordered: |  |
| Please tick to indicate changes of address |  |

If you are ordering prescriptions for temporary/locum staff please give details:

No more than one month’s supply should be ordered at one time
Forms submitted without the prescriber code may be returned

<table>
<thead>
<tr>
<th>Type of Form</th>
<th>Prescriber Code e.g. RRE00 (MANDATORY)</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personalised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FP10HNC – personalised green pad of 50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FP10HMDA-S – personalised blue pads of 50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Personalised – Blank for Computer Printing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FP10MDA-SS – blue instalment sheets (boxes of 500)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FP10SS – green sheets (please order in multiples of 100, up to a maximum of 500)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate where you wish to collect the prescriptions from:
- Pharmacy, St Chad’s House, St George’s Hospital, Stafford
- Pharmacy, The Redwoods Centre, Shrewsbury, Shropshire

Prescriber Signature: .......................................... (Mandatory)
Print Name: ..........................................................

Pharmacy & Medicines Optimisation Use Only:
Date Ordered: / / 20
Delivery Due: / / 20
Email sent to prescriber/delegated authority advising of delivery date  
Appendix 2:

**LOST /// MISSING /// STOLEN /// PRESCRIPTION ALERT NOTIFICATION FORM**

<table>
<thead>
<tr>
<th>Name of Notifying Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation name and address</td>
</tr>
<tr>
<td>Contact telephone number</td>
</tr>
<tr>
<td>NHS net email address</td>
</tr>
<tr>
<td>Fax number</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

**Patient Information**

| Name: |
| Address: |
| DoB |
| Drug |
| Dose |
| Is the prescription lost, missing or stolen | Lost [ ] | Missing [ ] | Stolen [ ] |

**Pick Up Schedule**

| Prescription Form Number |
| Prescription Type |
| Nominated Pharmacy and Address |
| Supervised Consumption? |
| Prescription Start Date |
| Prescriber Name |
| Prescriber Base |

**Follow Up Action (e.g. Clinic appt made, prescription reissued)**

| Comments |

If prescription sent by Royal Mail: State provide addressee details
## Locum Prescription Log

<table>
<thead>
<tr>
<th>Name</th>
<th>Base</th>
<th>Prescription No.</th>
<th>Date Used</th>
<th>Patient Name</th>
<th>Drug(s) Prescribed</th>
<th>Indication</th>
<th>Date / /</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
## Appendix 4:

### Example Prescription Form Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Delivery (D)</th>
<th>Issue (I)</th>
<th>Return (R)</th>
<th>Serial Numbers</th>
<th>No. of Pad(s)/Part Pad</th>
<th>Balance</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.01.11</td>
<td>D</td>
<td></td>
<td></td>
<td>123456789</td>
<td>1</td>
<td>1</td>
<td>Person taking receipt</td>
</tr>
<tr>
<td>08.01.11</td>
<td>I</td>
<td></td>
<td></td>
<td>1234567890</td>
<td>1</td>
<td>0</td>
<td>Prescriber</td>
</tr>
<tr>
<td>08.01.11</td>
<td>R</td>
<td></td>
<td></td>
<td>1234567897</td>
<td>1 part pad</td>
<td>1 part pad</td>
<td>Person taking receipt</td>
</tr>
<tr>
<td>15.01.11</td>
<td>D</td>
<td></td>
<td></td>
<td>1235678910</td>
<td>1</td>
<td>1 pad &amp; 1 part pad</td>
<td>Person taking receipt</td>
</tr>
<tr>
<td>16.01.11</td>
<td>I</td>
<td></td>
<td></td>
<td>1234567897</td>
<td>1 part pad</td>
<td>1 pad</td>
<td>Prescriber</td>
</tr>
<tr>
<td>16.01.11</td>
<td>R</td>
<td></td>
<td></td>
<td>1234567907</td>
<td>1 part pad</td>
<td>1 pad &amp; 1 part pad</td>
<td>Person taking receipt</td>
</tr>
</tbody>
</table>