

MEDICINES STANDARD C2: MANAGEMENT AND STORAGE OF PRESCRIPTIONS IN PRIMARY CARE

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 purpose of this guidance is to:

- Set out the minimum standards for security of prescription forms, in line with those set out by NHS Protect
- Promote a pro-security and vigilant culture among prescribers and other staff;
- Detect any breach of security that does occur and take reactive action to prevent fraudulent use of stolen prescriptions;
- Ensure that where security incidents or breaches do occur that lessons are learned and that these are incorporated into risk assessments and policy developments to prevent further incidents or breaches from occurring.

DEFINITIONS

LSMS – Local Security Management Specialist

LCFS – Local Counter Fraud Specialist

PCSE – Primary Care Support England

NHSBSA - NHS Business Services Authority

Where the term ‘prescriber’ is used, this refers to all types of prescribers using prescription pads (GPs, non-medical prescribers and dentists).

STOCK CONTROL

Practices should maintain clear and unambiguous records on prescription stationery stock received and distributed to prescribers. It is preferable to use a computer system to aid reconciliation and audit.

Ordering

- All new prescribers must be registered on the NHS Business Services Authority (NHS BSA) Prescription Services database before prescription forms can be ordered. GPs will be registered on this list as part of the performer’s list process. For new non-medical prescribers joining your practice, please contact the CCG Medicines Team via medicine.question@dorsetccg.nhs.uk.

- After registration with the NHS BSA, prescriptions can be ordered for all prescribers via the [Primary Care Support England \(PCSE\) portal](#).
- If new prescribers do not appear on the PCSE portal, then practices should contact PCSE at PCSE.Supplies-Leeds@nhs.net to request that they be manually added.
- Prescriptions should not be stockpiled and should only be re-ordered to maintain a reasonable working level of stock. One person in the practice (e.g. the Practice Manager) should be nominated as responsible for the security of prescriptions including their receipt, storage, issuing and destruction (where necessary).

Delivery

- Unless it's unavoidable, unloading of the prescriptions should not be done in a public area (e.g. reception area).
- Deliveries of prescription forms should be dealt with promptly by two members of staff.
- The delivery should be thoroughly checked against the order and delivery note and only be signed for if the packaging is sealed and unbroken. Any discrepancies should be noted on the driver's delivery note, queried with PCSE and documented in the practice records.
- Prescription forms (and other controlled stationery) can only be delivered to the prescriber's registered address, which will always be an **NHS address** (delivery is not permitted to non-NHS addresses).
- If a delivery of prescription forms is expected, but does not arrive as anticipated then PCSE should be notified of potential missing prescription forms via pcse.enquiries@nhs.net so that enquiries can be made at an early stage.
- Once signed for, the prescriptions should be moved to a secure area in the practice (i.e. a locked cabinet within a lockable room or area) and they should be received into practice stock using the central stock record (see below).

Central stock record

- An electronic and/or paper central stock control record should be kept that records the receipt and issue of prescriptions. The following information should be recorded:
 - Date of delivery
 - Names and signatures of staff accepting delivery and witness
 - What has been received (quantity and serial numbers, which are shown in bar code format on each box of FP10SS forms – bar coding data can be easily scanned using an appropriate device directly into a suitable application such as Excel)
 - Details of the prescriber (if the prescriptions are pre-printed)
 - Where items are being stored
 - Date prescriptions are issued to a prescriber from centrally held stock
 - Names and signatures of person issuing prescriptions and prescriber receiving prescriptions

- Details of who prescription forms were issued to, along with the serial numbers of the forms issued
- The centrally held record should also show the following:
 - The serial numbers of any unused prescription forms that have been returned
 - If destruction of prescriptions occurs, the date, reason for destruction and method of destruction
 - Names and signatures of person destroying and witness to destruction

NB: serial numbers – the serial number on the prescription forms is positioned at the bottom of the form. The first 10 numbers are the serial number (these numbers run in sequence); the last (the 11th) character is a check digit and does not run in sequence.

A template SOP for receipt of prescription forms into stock and issue to individual prescribers can be found in [appendix 1](#). A template stock control record is available in [appendix 2](#).

STORAGE AND SECURITY

Individual prescribers are responsible for the security of prescription forms once issued to them. The following precautions should be routinely taken to prevent loss or theft of prescription forms:

- Stocks of prescription stationery should be kept in a locked cabinet in a secure room. Keys and/or access rights for this secure area should be strictly controlled and a record made of persons who hold keys or can access the area. This should allow a full audit trail in the event of any security incident.
- Patients, temporary staff and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored.
- Signed repeat prescriptions must not be left in an accessible location in reception – they must be kept out of sight and reach of patients and visitors to the surgery.
- Surgery stamps should be subject to stringent security and 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.
- If a prescription needs correction or amendment, the prescriber must initial and date the change to confirm that the change is genuine.
- Under no circumstances should any prescriptions be left in a car unattended/overnight.
- It must be recognised that the single sheet forms are accepted by pharmacies and the NHS BSA in handwritten form. There is also the potential for single sheet prescriptions to be photocopied, making it almost impossible to detect fraudulent copies. Blank prescription forms should therefore be subject to the same stringent security, particularly with regard to storing them securely overnight, preferably removed from the printer and locked away.
- Prescribers of private CDs using the FP10PCD forms should exercise extra caution as there is greater potential for misuse of these forms.

Where forms are handwritten the following additional precautions should be taken to ensure that additional items cannot be added or quantities changed after the prescription has been issued:

- The blank part of the form below the drugs prescribed should be ruled through to ensure that items cannot be added
- The number of days' treatment box at the top left of the form should be completed
- The total quantity required should be written both in numbers and letters

Where a hand-held pad is being used, the following additional security steps are recommended:

- It is 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.
- Blank prescriptions must **not** be pre-signed. This increases the opportunity for misuse.
- The pad of prescriptions should only be produced when needed, and not left unattended. If a room is to be left unattended, they must be stored in a locked drawer.

HOME VISITS AND VISITS TO CARE HOMES

- When making home visits, prescribers working in the community should take suitable precautions to prevent the loss or theft of forms, such as ensuring prescription pads are carried in a lockable carrying case or are not left on view in a vehicle. If they *have* to be left in a vehicle, they should be stored in a locked compartment such as a car boot and the vehicle should be fitted with an alarm. Prescriptions should never be left in a vehicle overnight.
- Prescribers on home visits should also, before leaving the practice premises, record the serial numbers of any prescription forms/pads they are carrying. Only a small number of prescription forms should be taken on home visits – ideally between 6 and 10 – to minimise the potential loss.
- Blank or pre-signed prescription forms must not be left at care homes for GP or locum visits as this provides opportunity for theft. The care home's CD cupboard must not be used for storing prescription pads.

SECURITY OF COMPUTER SYSTEMS USED TO GENERATE PRESCRIPTIONS

- Practices should have protocols/procedures that clearly define which staff have access to the functions of their clinical systems, for example smartcard authorisations.
- All staff with access to the practice computer system should have an individual password, changed on a regular basis. Each member of staff is liable for all medicines prescribed in their name.
- If a prescriber leaves the practice, the clinical system should be amended so that no further prescriptions can be issued bearing the details of that prescriber.

VERIFYING PRESCRIPTIONS – COMMUNITY PHARMACY

- Prescriptions presented for unusual or expensive items and large doses or quantities should always be checked with the prescriber to ensure the prescription is genuine.
- It is good practice to keep a copy of the prescribers' signatures 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.
- If additions or 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 Head of Medicines Management for further investigation.
- Particular regard should be given to prescriptions:
 - For items known to be abused and/or have a street value
 - With old version dates (printed along the right hand edge)
 - That appear to be photocopies
 - That are entirely handwritten (including the information in the address box having been handwritten or stamped)
 - With the wrong code for printed/handwritten (e.g. FP10SS should be printed whereas FP10NCs should be handwritten)
 - Where the layout of the address box looks wrong – refer to information on [PSNC](#) and [NHS BSA](#) to check how information should be laid out and what codes should be displayed
 - With old or wrong CCG code (code for Dorset CCG is 11J)

DESTRUCTION OF PRESCRIPTIONS

- If a prescriber resigns, retires or dies or otherwise no longer requires their prescriptions, the prescriptions should be destroyed. Prescriptions should also be destroyed if they become obsolete for any other reason e.g. out of date. This should be recorded on the stock control record. A template SOP and destruction record can be found in [appendix 3](#) and [appendix 4](#).
- Destruction should be witnessed by another member of staff, and where possible, the process of destruction should be conducted at the clinical base of the prescriber. The witness would normally be a registered nurse or practice manager. Signatures of the witness must be recorded with the details of the prescriptions destroyed.
- When a prescriber stops working in a GP practice, the computer systems should be amended so that no further prescriptions bearing the details of the prescriber concerned can be issued.
- Unwanted/void prescriptions should not be posted to the CCG for destruction, as this creates potential opportunities for fraud or misuse.

LOCUM PRESCRIBERS

It is the locum GP's responsibility to use prescriptions on behalf of the senior partner of each practice that they work for. Locum GPs should also keep a record of the prescription pads used and separate records should be kept for each surgery.

RECORD KEEPING AND AUDIT TRAIL

- The practice manager must keep a signature list of all personnel who are authorised to access and order prescription pads.
- There should be an audit trail for prescription forms so that practices know which serial numbered forms they have received into practice stock and which have been issued to each prescriber/consulting room. For a template stock control record see appendix 2.
- If a prescriber leaves the practice (e.g. resigns, retires or dies), systems should be in place to recover all unused prescription forms on the last day of their employment or on the notification of their death.
- Records of prescription pads received into stock should be kept for three years, and records of prescriptions destroyed should be kept for at least 18 months.
- The 'history' of a prescription should be traceable from receipt of the blank form to when it is issued to an individual prescriber, to when it is used to prescribe a medicine. All practices should establish procedures for accessing this audit trail if needed.

ROLES AND RESPONSIBILITIES

- The security of prescription forms is the responsibility of both the practice and the prescriber. Prevention is the responsibility of everyone, which includes all prescribing and dispensing staff and non-prescribing staff who manage or administer prescription forms.
- All practices should designate a member of staff to accept overall responsibility for overseeing the whole process involved – from the ordering, receipt, storage and transfer to the access to and overall security of prescription stationery. This person needs to be of an appropriate grade/level of responsibility and should ensure appropriate security measures are implemented and maintained. A 'deputy' or second point of contact should also be in place who can act on behalf of the designated person in their absence.
- The member of staff with overall responsibility for handling prescriptions in the practice will also be responsible for maintenance of the centrally held stock record.
- The practice is responsible for ensuring that 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 staff duties between the ordering, receipt and checking of prescription forms.
- Individual prescribers are responsible for the safe keeping of prescription forms in their possession at all times, and for maintaining records of prescription form serial numbers issued to them.

- Primary Care Support England (PCSE) is responsible for registering new GPs and the Medicines Management Team is responsible for registering new practice employed nurse prescribers with the NHSBSA. Dorset HealthCare University Foundation Trust is responsible for registering any type of prescriber employed by them.
- All staff are responsible for reporting discrepancies and incidents of suspected loss or theft.

PROCESS IN THE EVENT OF LOST OR STOLEN PRESCRIPTIONS

- Discrepancies detected with deliveries or practice stock of prescription forms should always be escalated and reported. On discovery of the discrepancy, the prescriber or staff member should notify the designated person in the practice with overall responsibility for prescription forms, who should then follow the practice procedure for such incidents.
- A template standard operating procedure can be found in [appendix 5](#), which contains a flow chart illustrating the reporting process, table to record actions taken, and the reporting form to be sent to the Local Security Management Specialist (LSMS).

REFERENCES

[NHS counter Fraud Authority: Management and control of prescription forms](#) (March 2018)
[PSNC: How to identify prescriber codes](#) (link accessed September 2017)
[NHS BSA: Prescription overprint specifications](#) (link accessed September 2017)
[Nigel's surgery 23: Security of blank computer prescription forms](#) (CQC, accessed September 2017)

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APPENDIX 1 TEMPLATE STANDARD OPERATING PROCEDURE FOR RECEIPT AND ISSUE OF FP10 PRESCRIPTIONS

Objectives

To detail the processes involved to receive and issue prescription forms.

The Stages of the process

Receipt

Upon receipt of the prescription forms, *<insert job title>* should ensure that the relevant details are recorded in a stock control system (preferably computerised). A check should be made that what is delivered matches with what was ordered. Any discrepancies should be immediately reported by *<insert job title>*

The following information should be recorded:

- Date of delivery
- Names and signatures of staff member accepting delivery and witness
- What has been received (quantity and serial numbers, which are shown in bar code format on each box of FP10SS forms – bar coding data can be easily scanned using an appropriate device directly into a suitable application such as Excel)
- Details of the prescriber (if the prescriptions are pre-printed)
- Where items are being stored

Issue of prescriptions to individual prescribers

When prescriptions are issued to individual prescribers from practice stock, the following should be recorded on the centrally held stock record:

- Date prescriptions are issued to a prescriber from centrally held stock
- Names and signatures of person issuing prescriptions and prescriber receiving prescriptions
- Details of who prescription forms were issued to, along with the serial numbers of the forms issued

Responsibility

<insert job title> has overall responsibility for ordering and receipt of the prescriptions in *<insert the name of your surgery/practice/unit>*

Other Information

Records of prescription pads received and issued should be kept for three years.

Review

This SOP will be subject to routine review on a yearly basis, or sooner in the light of new guidance.

Date of preparation	
Review Date	

	Name	Signature	Date
Author			
Authorising Manager			

I have read and understood the SOP for the ordering and receipt of prescriptions in **<insert the name of your Surgery/Practice/Unit here>**.

Name	Sign	Date

APPENDIX 3 TEMPLATE STANDARD OPERATING PROCEDURE FOR DESTRUCTION OF FP10 PRESCRIPTIONS

Objectives

To detail the procedure for safe destruction of unwanted, void, or obsolete FP10 prescriptions.

Scope

The destruction procedure will apply to the following situations:

- Where a prescriber is no longer employed by Dorset CCG for any reason
- Where a prescriber has changed employment within the CCG and works from a different base
- Where a prescription has been written in error, or contains errors that cannot be amended
- Any other situation where prescription forms are no longer required, e.g. if out of date

The Stages of the process

Any destruction of prescriptions **MUST** be witnessed and recorded on an FP10 destruction form.

The correct procedure for destruction is as follows:

- Using the destruction form, record the first and last serial number of each pad to be destroyed, and sign the record with the person witnessing the destruction.
- Securely shred the prescriptions in a cross cut shredder, if available. A strip cut shredder is also acceptable.
- The shredded prescriptions must be disposed of in confidential waste.

If a shredder is not available, then use scissors to cut the prescriptions into small pieces, ensuring that they cannot be used. The forms may then be disposed of in confidential waste.

Responsibility

- At least one member of staff participating in the destruction should be a registered healthcare professional (e.g. a nurse or GP).
- Individual prescribers are responsible for ensuring that the destruction is carried out according to this procedure.

<Insert the job titles of the persons responsible for destroying prescriptions in your practice>

Other information

- Prescriptions should be destroyed at the clinical base of the prescriber (and with a witness, see above).
- The witness must sign the form to indicate they witness the destruction of the forms after the destruction has been carried out. Under no circumstances should the prescriptions be put back into storage, or taken off site for destruction at a later time.
- After the prescriptions have been destroyed and disposed of securely, please keep the destruction record for future reference, for at least eighteen months. The record of destruction **does not** need to be sent to the CCG.

Review

This SOP will be subject to routine review on a yearly basis, or sooner in the light of new guidance.

Date of preparation	
Review Date	

	Name	Signature	Date
Author			
Authorising Manager			

I have read and understood the SOP for the ordering and receipt of prescriptions in *<insert the name of your Surgery/Practice/Unit here>*.

Name	Sign	Date

APPENDIX 5 TEMPLATE STANDARD OPERATING PROCEDURE FOR ACTIONS REQUIRED IN THE EVENT OF LOSS OR SUSPECTED THEFT OF PRESCRIPTIONS

Objectives

The objective of this SOP is to describe the process to be followed in the event of a situation where FP10 prescriptions are missing or suspected stolen.

Scope

This SOP applies to all members of prescribing and dispensing staff that are involved with the handling of prescriptions.

The stages of the process

On discovery of the discrepancy, the prescriber or staff member should notify the designated person in the practice with overall responsibility for prescription forms, who should then follow this procedure.

Appropriate checks should first be carried to ensure that the discrepancy is not linked to a simple error with the central stock record (such as incorrectly entered serial numbers, or for example, a prescriber having been issued with a pad but this not being recorded).

If the discrepancy cannot be resolved, then the matter should be escalated.

The table at the end of this SOP shows the appropriate steps to take when reporting a loss/theft of prescription forms. This table can be used as a checklist in the event of an incident and for recording actions taken at the time of the incident.

When reporting the theft/loss, as much information as possible should be provided, as a minimum:

- date and time of loss/theft
- date and time of reporting loss/theft
- place where loss/theft occurred
- type of prescription stationery The quantity of prescriptions missing
- The serial numbers of the prescriptions missing
- The name, address, and the prescribing identification number of the prescriber(s) whose prescriptions are missing
- Crime/incident number from the police

Depending on the circumstances:

- a national or regional alert may be sent out via NHS Protect about the incident to alert nearby NHS services to be vigilant, particularly if the prescriptions should be presented at a community pharmacy for dispensing. involving the security of prescription forms.

- it may be agreed with the Local Security Management Specialist (LSMS) or Local Counter Fraud Specialist (LCFS) that prescriptions are signed in a specific colour by the doctor(s) concerned for a set time frame.

Responsibility

It is the responsibility of the staff member making the discovery of missing or suspected stolen prescriptions to initiate the reporting process. *<insert job title>* has overall responsibility for reporting suspected theft or loss of prescriptions as per the reporting procedure described, and for ensuring that a CCG adverse incident form has been completed.

Review

This SOP will be subject to routine review on a yearly basis, or sooner in the light of new guidance.

Date of preparation	
Review Date	

	Name	Signature	Date
Author			
Authorising Manager			

I have read and understood the SOP for the ordering and receipt of prescriptions in *<insert the name of your Surgery/Practice/Unit here>*.

Name	Sign	Date

ACTIONS TO BE TAKEN WHEN REPORTING THE LOSS/THEFT OF PRESCRIPTION FORMS

Action	Who to inform	Their contact details	Notes	Space to record actions taken in the event of loss/theft
1	Local nominated person in the practice responsible for security of prescription forms <insert job title>	<insert details>	<insert details> <also insert details of delegate should 1 st named contact be unavailable>	Date and time reported:
2	The Police	Call the police non-emergency line: 101 to report the scripts missing/lost/stolen	Obtain a crime number to enter on the subsequent adverse incident report and the alert to be sent out (see below)	Date and time reported: Crime number:
3	The Local Security Management Specialist (LSMS)	Office: 01202 891110 Telephone: 07814 581890 Email: will.smith@tiaa.co.uk	Complete a copy of the ' reporting form for the loss or suspected theft of prescriptions ' and send to the LSMS.	Date and time reported:
	The Local Counter Fraud Specialist (LCFS)	Office: 0845 300 3333 Mobile: 07580 971240 Email: tony.hall@tiaa.co.uk	Alternatively, the LCFS should be contacted instead of the LSMS if stolen or altered prescriptions have already been fraudulently presented at a pharmacy.	Reported to: LSMS / LCFS (delete as appropriate)
4	Dorset CCG Risk Management Team	Please use the 'GP Intelligence' system or adverse incident reporting process to report the loss/theft.	A copy of the reporting form sent to the LSMS/LCFS can be included with the incident report.	Date and time reported:
5	Controlled Drug Accountable Officer (CDAO) at NHS England	Email: england.southwestcontrolleddrugs@nhs.net	The CDAO must always be informed. A copy of the reporting form sent to the LSMS/LCFS should be forwarded to the CDAO.	Date and time reported:
6	Primary Care Support England (PCSE)	Practitioner Support: 0333 014 2884	PCSE only need to be contacted if prescriptions are missing in transit or if there is a discrepancy with a delivery.	Date and time reported (if appropriate):

**REPORTING FORM FOR THE LOSS OR SUSPECTED THEFT OF PRESCRIPTIONS
(ADAPTED FROM NHS PROTECT GUIDANCE)**

Practice:		Date reported	
Contact name (print)		Contact phone number:	
Contact address:			
Date & time of theft/loss		If date/time is not known, tick here	
Name of the person reporting the theft loss (if different from above)		Telephone number:	
Full details of the loss:			
Include the following information: <ul style="list-style-type: none"> • date and time loss/theft first reported • place where loss/theft occurred • type of prescription stationery • quantity of prescriptions lost/stolen • additional items stolen e.g. hand stamps 			
Details of prescription form(s) lost or stolen			
Name(s) of prescribers		Personal code(s) or identification number(s)	
Address (as it would appear on the script)			
Serial numbers lost or stolen	From		
	To		
Details of type of form stolen	i.e. FP10SS (printer forms) or FP10NC (hand-held pads)		
Reporting			
Has this incident been reported to the police	Yes	No	Crime number
Name and police station of investigating officer			
Does this incident involve any prescriptions for controlled drugs?	Yes	No	If this incident involves controlled drugs, has the CDAO been informed?
Name (PRINT)		Position	
Signed		Dated	

Return this form by encrypted* email to: will.smith8@nhs.net (LSMS), or andrew.cook1@nhs.net (LCFS) and the CDAO england.wessexcdao@nhs.net.

*To ensure the email is encrypted, please send from your nhs.net email to the nhs.net email addresses above.