

Policy for the Security of Prescription Forms

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Trust Lead:	Elizabeth McKechnie, Medication Safety Lead Pharmacist
Board Director Lead:	Andrew Furlong, Medical Director
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

December 2021 Minimal changes to document.

- Addition re new areas being authorised to have prescription pads (white or FP10s) and pharmacy maintaining a list of areas which keep prescriptions.
- Wording around virtual clinics

KEY WORDS

Prescription forms/pads, prescriptions, security, FP10, Out-patient prescriptions

Aide-memoire for prescribers

Be aware that blank prescription forms in the wrong hands are like a blank cheque with an extremely high street value

- To reduce the risk of fraudulent misuse, blank prescriptions should never be pre-signed.
- 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.
- Prescribers should be encouraged to use prescription forms in number sequence order to aid tracking of usage, should a potential loss occur.
- Prescription form stock held by prescribers should always be stored securely when not in use.
- Patients, temporary staff and visitors should never be left alone with prescription forms/pads or allowed into secure areas where forms are stored.
- Prescribers working in the community should take suitable precautions to prevent any incident involving the prescription forms. They should:
 - ✓ Record the serial numbers of any prescription forms/pads they are carrying.
 - ✓ Take only a small number of prescription forms with them (no more than 10).
 - ✓ Keep prescription forms out of sight when not in use.
 - ✓ Not leave any prescription forms in vehicles overnight.
 - ✓ Never leave blank or signed forms at patients' homes, care homes or community pharmacies.
- Personalised forms which are no longer in use should be securely destroyed (e.g. by shredding) before being put into confidential waste, with appropriate records kept.
- Any suspected fraud incident involving prescriptions should be reported to either the Fraud and Corruption Reporting Line 0800 028 4060 or via the online reporting system at <https://cfa.nhs.uk/reportfraud>

1 INTRODUCTION

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the safe storage and use of prescriptions, to minimise the risk of prescription form theft and misuse.
- 1.2 It follows National guidance issued by the NHS Counter Fraud Authority “Management and control of prescriptions forms – a guide for prescribers and health organisations” March 2018 v 1.0
- 1.3 The policy sets out the requirements for:
- the secure storage of prescription forms
 - A system to identify loss or theft of prescription forms to alert staff and reduce the incidence of inappropriate use.
 - The responsibilities of individual prescribers.

2 POLICY SCOPE

- 2.1 This policy applies to all staff employed by UHL including agency/locum staff who order, or prescribe on UHL prescription forms, including medical, nursing, pharmacy and non-medical prescribers.

3 DEFINITIONS

- 3.1 Prescription forms:

Uniquely numbered pre-printed stationery used to prescribe medicines for out-patients.

There are 2 types:

- UHL prescriptions forms – those only for supply from UHL pharmacies or a third party contracted provider, currently TrustMed.
- FP10HP – prescription forms which must be taken to a community pharmacy for dispensing.

4. ROLES AND RESPONSIBILITIES

- 4.1 The executive lead for this policy is the Medical Director
- 4.2 **Clinical Management Groups (CMGs)** managers (Clinical Directors, General Managers and Heads of Nursing) are responsible for:
- ensuring all new and existing staff are aware of this policy through local induction and other communication methods.
 - Ensuring clinical areas have a robust mechanism for storage and security of prescription forms.
 - Identifying an individual who is responsible for overseeing the management of prescription forms within the clinical area in line with this policy.
- 4.3 **Medicines Optimisation Committee (MedOC)** is responsible for assuring compliance with the policy through the regular annual audit of the medicines code and receiving reports of incidents.
- 4.4 **Pharmacy staff** are responsible for:
- Maintaining a list of authorised clinics / individuals for prescription pads (internal or FP10)

- ordering prescription forms, the safe keeping and maintaining record of pads issued to authorised staff.
- Advising clinics about storage and ordering of forms.
- Auditing clinical areas to ensure correct management of prescription pads.

4.5 **Individual prescribers** are responsible for :

- the safe keeping of prescription forms in their possession at all times. Those who are have individual FP10HP prescription pads issued to their name must ensure security at all times including when away from Trust property.
- Never pre-sign prescriptions. Prescriptions could be viewed as a blank cheque to those in the wrong hands and have a high street value.

The following group of staff (including locum and agency) can prescribe within the Trust

- Doctors and dentists employed by the Trust
- Non medical prescribers (NMP) employed & authorised by the Trust (refer to Policy for Non-medical Prescribing B18/2004)

4.6 **All staff** involved in handling prescription forms are responsible for ensuring the security of prescription forms and reporting incidents to the Chief Pharmacist.

4.7 Incidents must be reported onto the UHL incident reporting system Datix as per the Trust's Incident and Accident Reporting Policy A10/2002.

5 POLICY STATEMENTS,

Only authorised areas can order prescription pads from pharmacy. New areas wanting prescription pads either white internal or FP10s must contact their CMG Lead Pharmacist to discuss the need for these.

The following sections describe the procedures for ordering, storage and reporting of incidents regarding theft / lost of prescription forms.

Procedure/ Process for prescription forms- applies to both UHL and FP10 forms		
5.1	Prescription form ordering and collection	
	Pharmacy	Requester
	<p>The pharmacy department must keep records of the following in the prescription form register</p> <ul style="list-style-type: none"> • The number of prescription forms received from suppliers • Date of request • Who/ where (clinic) the forms were issued to • Serial number of the forms issued • Rolling stock balance for all forms • A request for prescription forms MUST ONLY be completed using the Requisition Form in Appendix 1 	<ul style="list-style-type: none"> • Prescription forms can only be ordered through the pharmacy departments using the Requisition Form in Appendix 1 • Complete Section A and either Section B or C depending on your requirements. This must be completed before taking to pharmacy • Requesters for individual use must be staff grade or above or a non medical prescriber. • A nurse may request prescription pads for use in clinics using the Requisition form • The person presenting the Requisition

	<ul style="list-style-type: none"> When prescription forms are issued, Section D must be completed. This form is retained in pharmacy 	<p>From must present UHL ID and sign Section D for the prescription forms received.</p> <ul style="list-style-type: none"> The individual is then responsible for the safe custody of those prescription forms until they are stored securely in a clinical area.
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Procedure / Process for prescription forms – applies to both UHL and FP10 forms

5.2 Safe storage and record keeping

a)	Clinical areas are responsible for identifying a locked cupboard / cabinet where the prescription forms and Clinic Register for Prescription Forms (Appendix 2) must be kept when not in use.
b)	The key to the cupboard/ code to the key cabinet is held by/ known to the registered nurses (RN) or registered professional who run/ manage the clinical area.
c)	Each prescription pad is attached to ‘Clinic Register For Prescription Form’ (Appendix 2)
d)	At the start of each clinic a prescription pad is issued to each room (room number entered in column B) and the serial number of the top script is entered into column C of the clinic register form. Distribution and recording of the serial number can be carried out by either the RN or the clinic Healthcare assistant (HCA) at the request of the clinic registered professional in charge
e)	At the end of clinic/ day prescription pads are collected in and returned to secure storage. Complete the ‘returned by’ section on the Clinic Register for Prescription Forms
f)	In the event a prescriber requests a script for use outside clinic this should be noted in the comments column along with the serial numbers of scripts issued and the time.

Individual prescribers

Individual prescribers who have requested prescription pads direct from pharmacy for their own personal use (for example in virtual clinics) are responsible for keeping the prescription pads secure at all times. They should be able to realise if prescriptions have been lost.

The use of the ‘Clinic Register For Prescription Form’ (Appendix 2) is recommended

5.3 Reporting Missing/ lost/ stolen prescription forms or potential fraudulent activity.

a)	In the event of a loss or suspected theft of a prescription form the person discovering the incident should initiate a search to try to establish the circumstances under which the forms have gone missing.
b)	If the missing forms cannot be accounted for then a Datix incident report must be completed and the CMG manager and Chief Pharmacist informed (or deputy if unavailable).
c)	<p>The Datix incident form must include the following:</p> <ul style="list-style-type: none"> Date and time of the loss/theft Date and time of reporting loss/theft Place where the loss/ theft occurred Type of prescription stationery Serial numbers missing
d)	Missing FP10HP must be reported to the CCGs via the Chief Pharmacist

e)	Pharmacy departments and pharmacy contractors within UHL will be notified of missing prescriptions and staff warned to be vigilant when receiving prescriptions.
f)	The level of investigation of missing, lost or stolen prescription forms will depend on the nature of the incident and be led by the Chief Pharmacist.
g)	Any suspected fraudulent activity or other inappropriate use of prescription forms must be reported to the Medical Director and action taken under the staff disciplinary and performance policy. The appropriate professional body and /or police may be contacted depending on the results of any investigation. Please refer to Counter Fraud, Bribery and Corruption Policy A1/2010
5.4	Verifying prescriptions
a)	It is acknowledged that it is impossible to check the validity of prescribers for all prescriptions. The GMC (General Medical Council) or NMP professional registration number for prescribers must be added to prescriptions.
b)	Unusual, or large doses/quantities of medicines should be confirmed with the prescriber where possible
c)	An individual who identifies a suspicious prescription must initially inform the responsible pharmacist who will then escalate as in 5.3 if appropriate.
5.5	Duplicate or spoiled prescriptions
a)	<p>If an error is made on a prescription the prescriber should do the following:</p> <ul style="list-style-type: none"> ➤ Put a line through the script and write 'spoiled' on the form. ➤ Destroy the form by placing it in a secure confidential shredding bin and start writing a new prescription. <p>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.</p>
b)	Unwanted prescription pads must be returned to pharmacy by individual prescribers or by the Registered professional responsible for a clinic/ area.
c)	Blank Prescription(s) pads which are to be destroyed must have a line scored across each script stating 'For destruction' prior to being placed in a confidential shredding bin. A record in pharmacy must be made of the numbers of prescriptions which have been destroyed.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 All new prescribers, nursing or pharmacy staff must be made aware of this policy during induction. It is considered that no additional training is required
- 6.2 Any staff member who identifies a knowledge gap must discuss this with their line manager and take the necessary actions to address the gap

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Datix incidents where forms have been taken	Medication safety pharmacist	Datix reporting	Bi-monthly	Medicines Optimisation Committee (MedOC)
Audit of medicines code (LMC) –to include storage of prescriptions	Medication safety pharmacist	LMC audit	Annual	Medicines Optimisation Committee

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- NHS Counter Fraud Authority, Management and control of prescription forms – a guide for prescribers and health organisations March 2018 v1.0
- Leicester Medicines Code – available on Leicestershire Medicines Strategy Group (LMSG) webpages and on INsite in the policy and guidelines library.
- Policy for Non-Medical Prescribing B18/2004

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 The updated version of the Policy will be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system
- 10.2 This Policy will be reviewed every three years or sooner in response to clinical or risk issues.

Prescription Pad Requisition Form**Section A**

Date of request	
Prescription pad type (please circle)	FP10HP (green) or UHL Prescription (white)
Number of pads requested	

Section B

Request for single user pads	
CMG/Dept:	
Prescriber name	
Prescriber signature	
Prescriber number (e.g. GMC, NMC, GPhC)	
Contact number	

Section C

Request for communal use pads	
CMG/Dept or Clinic	
Authorised requestor name	
Authorised requestor signature	
Authorised requestor job title	
Contact number	

Section D

Collection of pads	
Date	
Time	
Security bag number	
Collector name	
Collector signature	

CLINIC REGISTER FOR PRESCRIPTION FORMS (separate page for each pad)

Clinic/ area : _____ CMG : _____

Serial number pad First: _____ Last: _____ Date received from pharmacy: _____

Issuing prescription forms						Return of prescription forms			
Date	Issued to Room/ prescriber	Top script serial number	Issued by	Date & time	Received by:	Returned to central storage (signature)	Top script number	Received by	Date & time

Appendix 3 – Pharmacy register – sample :

Prescription form type:																
Location (if applicable):																

RECEIVED				REQUESTED				ISSUED							PAD BALANCE	
Date	# of pads	Invoice #	Initials	Date	Name	Clinical area	# of pads	Date	# of pads	Serial Number (one pad per row)		Audit trail form attached?	Disp. Initials	Checker initials		Bag number
										From	To					